10 June 2006

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C+D

News: Scottish contractors give overwhelming approval to contract funding

News: North East London LPC cleared by counter fraud inquiry

Cover story: Pharmacy champion Dhimant Patel on smoking cessation

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28 June 2006	Edinburgh	Norton House Hotel	5pm to 9pm
29 June 2006	Durham	Ramside Hall Hotel	5pm to 9pm
3 July 2006	Elstree/Borehamwood	Holiday Inn	1pm to 9pm
4 July 2006	Botley Nr Southampton	Botleigh Grange Hotel	5pm to 9pm
5 July 2006	Croydon	Hilton International Hotel	1pm to 9pm
11 July 2006	Dudley	Village Hotel	1pm to 9pm
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Cover image: Dhimant Patel. Picture by Angus Muir.

Scottish contract yes vote gives green light for CMS negotiations

Scotland Majority back new contract funding package enabling CMS implementation to get underway

Scottish contract negotiators are now working on the implementation of the chronic medication service (CMS), after gaining majority backing for the proposed new contract funding package.

Scottish Pharmaceutical General Council (SPGC) reports that out of a total of 970 votes cast, 949 (97.8 per cent) were in favour of the contract funding proposals. In total, 83.2 per cent of Scottish contractors participated in the poll.

Commenting, SPGC chairman Frank Owens said that a strong mandate for the new contract funding would support the contract negotiating team through the next stage of negotiations. "This vote has been critical to securing our futures. With the ballot now behind us we can at last look forward to ensuring community pharmacists gain rightful recognition as key practitioner members of the primary healthcare team."

Confirming the start of the minor ailments scheme (MAS) and public health service (PHS) on July 1, the Scottish Executive Health Department (SEHD) points out that NHS boards now have a duty to plan and secure the provision of pharmaceutical care services (PCS).

The boards should also publish a PCS plan, against which the need for future service provision will be assessed (replacing the current control of entry regulations).

It also points out that health boards should establish formal contract arrangements under which nationally specified essential PCS will be provided and improved clinical governance arrangements, which require PCS contractors to produce evidence of fitness to practise.

The SEHD adds that it is treating the MAS and the PHS as additional pharmaceutical services, until full legislation for the new PCS can be introduced in September. The new services will operate to national specification, and remuneration rates will be detailed in a forthcoming announcement. **AC**

Your views

"The presentation at the roadshow was thorough and wide ranging, and seemed to cover all the points. In Scotland, we have had some time to prepare for the contract, so there was not much in the way of dissent. Patient registration for the e-MAS is also going well. It's not a difficult process and it is proving popular with patients."
James Allan, GW Allan Pharmacy, Edinburgh.

Your views on the Scottish contract's rollout

"Contractors have been looking forward to the new contract and although there have been questions asked about the changes to the model schemes, no one I spoke to disagreed with the more clinical focus of the core contract. As for e-MAS, it depends where you are. Some areas have struggled to get their paperwork out to support the registration process. However, patients are taking to the explanations very well and we all like the simplicity of the system."
Campbell Shimmins, Woodside Pharmacy, Doune, near Stirling.

"Most of the questions at the roadshow I went to were about additional services, but the presenters seemed well able to deal with these. In my area, registering patients for e-MAS is taking time and I think it will not be until the rollout that it will really hit home."
Gordon Largue, Largue Pharmacy, Huntly, near Aberdeen.

For news on patients registering with Scottish pharmacies see page 14 ›

LPC cleared by fraud squad

Legal NEL LPC needs no further investigation

North East London Local Pharmaceutical Committee (LPC) will not come under further scrutiny from the NHS's counter fraud team.

The organisation displayed procedural deficiencies and a lack of transparency, but failed to warrant further investigation, according to a report from healthcare officials.

The investigation into the LPC's activities was carried out by the Parkhill Audit Agency, at the order of the North East London Strategic Health Authority. Although it confirmed procedural deficiencies and a lack of transparency and openness at the LPC, it failed to show that any of its actions warranted further investigation by the NHS Counter Fraud Service into the loss of any NHS resources or funding.

An NHS CFS spokesman said: "It is now for the North East London SHA to discuss the findings with the NEL LPC and how best to implement the recommendations." The SHA and LPC were unavailable for comment. **AC**

RPSGB president is elected for second term

Second term for Hemant Patel

RPSGB President, VP and treasurer get second terms

Hemant Patel, RPSGB president, and his vice-president Gerald Alexander have both secured 21 votes to be elected for second terms.

David Thomson, who ran for president, won eight votes, as did Colin Ranshaw, who ran for vice-president. Mr Ranshaw also stood for the position of treasurer, but was defeated by the current title holder, John Jolley, by 18 votes to Mr Ranshaw's 11.

Bob Michell was elected as a lay member to work with the officers.

As there is no current past-president, due to Mr Patel serving a second term, Martin Astbury was appointed as an additional member.

For more information:
www.rpsgb.org.uk

DH alerts PCTs to possible extra MUR claims

Medicines PCTs advised to check claims and report suspicions to NHS fraud staff

PCTs are being told to monitor the number of MURs being claimed for in their areas.

According to the Department of Health, some pharmacists may have inadvertently exceeded the current 250 MUR limit. However, it accepts that it does not hold such figures centrally.

The DH is telling PCTs to check the claims being made by contractors – both retrospectively and on an ongoing basis. Where the limit has been exceeded, and fraud is not suspected, PCTs should notify contractors and seek to recover any overpayment.

Where the PCT believes a fraudulent claim has been made, however, they are instructed to report their suspicions to the Counter Fraud Staff at the NHS Business Services Authority (previously the Prescription Pricing Authority).

The DH reminds contractors that they should take all reasonable steps to ensure they stay within the current 250 MUR limit, and that it is PCTs' responsibility to make sure the limit is not deliberately exceeded.

It does, however, admit that the NHSBSA does not have the facility to monitor individual contractor's MUR claims. **AC**

Pharmacies set to gain from fans' pain

Practice Stock up now before the rush starts

The fortunes of the England football team, led by David Beckham, could be inextricably linked to profits this summer, contractors are claiming.

As the team begins its World Cup campaign, pharmacists are predicting a rise in analgesic sales to deal with the morning after the match before.

Rajesh Kerai, of Bournemouth's Queens Park Pharmacy, expects sales to take off for antacids and headache remedies depending on how successful the England team are. Similarly Boots predicted a "huge uplift" in sales of hangover cures.

And C+D's predictions? A&E will see a surge in metatarsal injuries due to penalty celebrations; ibuprofen gel will fly off the shelves as fans pull muscles imitating Peter Crouch's robotic dance; and fans and non-fans alike will be looking to Rescue Remedy to help them cope with World Cup-itis.

Picture courtesy of Empics

ETP can set the pace in NHS IT project, claims wholesaler

IT Contractors can turn two year delay to their advantage, expert says

Max Gosney

Pharmacy can emerge as a leading light from the latest delays to government plans to update NHS IT, an industry expert has told C+D.

Contractors could turn to their advantage the predicted two year delay to the introduction of electronic patient records, stressed John Davies, retail services director at wholesaler Mawdsleys. "We shouldn't be disappointed by reports of a delay. We should raise our profile to the highest possible level. I don't think ministers are being made aware of the profession's enthusiasm for ETP."

His comments came after health minister Lord Warner revealed that the national programme for NHS IT was around £14 billion over budget and two years behind schedule in an interview with the Financial Times newspaper. But Mr Davies claimed that ETP remained the "only part" of the project capable of rollout in the near future.

John Davies: optimistic about ETP

"If Connecting for Health (CfH) concentrates on this single part of the project it may have some hope of redeeming itself in the light of increasingly strident criticism from press and Parliament."

But he added that pharmacy organisations had to do more to persuade CfH, the organisation responsible for delivering the NHS IT programme, to push on with ETP, explaining: "I don't get the sense the Royal Pharmaceutical Society or NPA are very strident in promoting pharmacy's role."

Pharmacists appeared unsurprised by the latest delays to the government's IT plans. Uma Patel, proprietor at Dunn Chemist at Hounslow, said: "We all knew the project was behind schedule so Lord Warner's remarks are no great surprise. I think ETP will become a reality regardless of the fate of other parts of NHS IT plans."

Currently, only AAH and Lloydspharmacy have had pharmacy systems accredited for phase one of ETP rollout. Five other systems suppliers are involved in CfH testing.

News in brief

Fundraising initiative

Lloydspharmacy is to raise up to £100,000 for the Teenage Cancer Trust in a suncare product amnesty that coincides with the chain's return to TV advertising. From June 12 until July 8, the chain is asking customers to bring in any old bottle of sun lotion or cream with an SPF of less than 15. In return, it will donate £1 to TCT.

Pharmacy MP at BPC

Health minister Andy Burnham will address delegates at this year's BPC, held at the Manchester International Convention Centre from September 4 to 6.

Care home mergers

Consolidation in the care home sector has led to larger pharmacy chains winning contracts at the expense of smaller pharmacies, the NPA has warned. Large care home companies are looking to move to single national providers and are "prejudicing [NPA] members' ability to play on a level playing field", said NPA chief executive John D'Arcy. The NPA will produce guidance on retaining care home business.

PI for independents

Allied Westminster has launched a professional indemnity insurance policy exclusively for independents. It is priced at around £299 as independents do not need the same limit of protection as a large multiple. Discounts are offered if the pharmacy employs a qualified technician or a second pharmacist. For more information, see www.alliedwestminster.com

Rivotril amps

Roche has warned of a labelling error affecting Rivotril 1mg/ml ampoules (clonazepam).

The affected stock bears the batch number B1019 or B1020 and incorrectly states the strength of the product as 1g/ml. All other references to the product strength are correct and the injection itself not affected. The company says that there is no replacement stock available and has advised pharmacists to use existing stock and counsel patients and prescribers appropriately. Any queries should be directed to Roche medical information on 01748 828881.

PSNC pushes for fair return on dressings and reagents...

Contract Terms of service may be amended, but only if the DH agrees to fair reimbursement

Everyone dispensing dressings and chemical reagents should receive a fair return, PSNC has said.

Noting Department of Health plans to reduce reimbursement fees for dressings and chemical reagents by as much as £25 million from August (C+D, May 13, p4), PSNC has pointed out that NHS pharmacy contractors are not obliged to dispense appliances that would not normally be supplied in the course of their business.

"Faced with making a financial loss on dispensing a particular appliance, contractors may choose to stop supplying these classes of product, limiting patient access and damaging patient care," it said.

PSNC has said it is willing to consider amending pharmacists' terms of service to oblige pharmacy contractors to dispense dressings and reagents, but only if the DH commits to fairly reimbursing contractors.

The organisation is also seeking resolution of problems surrounding payment for residual stock, the zero discount arrangements and payment for out of pocket expenses incurred in obtaining these products.

Decreasing margins for bandages, swabs and dressing packs throughout the supply chain means there is a risk that wholesalers will stock fewer products as standard lines. This will lead to increased workload and expense for pharmacy contractors in sourcing products, PSNC has warned.

It added: "Patients receiving bandages are among the most vulnerable. It is important that the NHS receives value for money but this should not be done at the expense of patient care. We have seen no evidence that the proposals will have anything other than an adverse impact." **AC**

... while GPs say treat dressings like tablets

Dressings should be reimbursed in the same manner as tablets, the trade body for dispensing doctors has told the government.

"We wonder whether the time has come to treat these commonly prescribed dressings in the same way as other commonly prescribed items," the Dispensing Doctors' Association has said, in response to a DH proposal to cut payments for dressings.

"In reality, there is little difference between a pack of swabs and a pack of atenolol in terms of dispensing," said DDA chief executive David Baker. "If the prices were to be calculated along the same lines as part VIII of the Tariff, there would be a mechanism for dealing with price variations without the need for this type of consultation."

Dr Baker said his comments also held true for chemical reagents, "which, in the case of, for instance, the diabetic patient, are as much part of treatment as antidiabetic agents".

The DDA supported a single method of calculating the reimbursement price of commonly prescribed items regardless of whether they have been previously categorised as a medicine or an appliance, he added. **GP**

Efexor update

Medicines Guidance aims to minimise risk

The Medicines & Healthcare products Regulatory Agency has updated its prescribing advice for Efexor (venlafaxine).

Aimed at minimising the risk of side effects, particularly in overdose, the guidance states:

- Patients requiring 300mg or more per day should be supervised by a specialist.
- Cardiac contraindications for treatment with the SSRI antidepressant should be considered, especially for those at high risk.
- Venlafaxine should not be given to patients with uncontrolled hypertension, and the blood pressure of all patients on the drug should be monitored.
- Updated advice on possible drug interactions is needed.
- A small pack size is being introduced to reduce the risk of overdose.

The MHRA has advised patients on Efexor to make a routine GP appointment, but said most would remain on the drug. The organisation is writing to all healthcare professionals about the updated prescribing advice, which will also be incorporated into the patient information leaflet. **AF**

Neath Port LHB pharmacist Claire Dumble (second left) and colleagues won an excellence award on Tuesday for their work on medicines management

News in brief

IPF support grows

The Independent Pharmacy Federation claims it has the backing of 10 per cent of all independents after a recruitment drive. Some 200 contractors have registered for free membership. It plans to double the membership over the summer.

Pharmacies are denied free morning-after pill

Practice Camden initiates restrictions as part of enhanced service

Three quarters of pharmacies in Camden are unable to offer free emergency hormonal contraception to teenagers following a controversial ruling by health bosses in the London borough.

Camden Primary Care Trust has restricted the number of pharmacies supplying EHC to 14 from a total of 63 as part of an enhanced pharmacy service aimed at reducing teenage pregnancy. The trust claims there is a "comprehensive" contraception and sexual health service provided by 17 clinics as well as GP practices.

But Camden & Islington Local Pharmaceutical Committee secretary David Kent condemned the decision. He said the restrictions would limit EHC supply, claiming that the criteria – pharmacies must have a consultation area and extended weekend opening – favoured high street multiples over discreet, 'secondary' locations that are suited to the service.

Neighbouring Islington PCT has not adopted Camden's stance and is funding all EHC supply. Aziza Chakowa, of Essex Pharmacy, said: "By giving it [EHC] to everyone you're not going to increase the number requesting it. From a consumer's point of view it's very unfair." **TH**

David Kent: restrictions limit EHC supply

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Ref: * IRI Consumer retail sales data 2005 - single active [illegible]
brand chemist weekly treatment weeks; [illegible]

PCT in drive to liberate oxygen cylinder 'hostages'

Practice Herefordshire amnesty calls for patients to surrender unwanted equipment

Pharmacies in Herefordshire have given their support to a campaign to liberate oxygen cylinders from patients' homes.

The oxygen amnesty has been organised by Herefordshire PCT and is based on an initiative by the British Lung Foundation. It calls for patients to surrender unwanted equipment to meet demand from the supply arrangements introduced in February, and helps the PCT identify patients who haven't yet signed up to the new system.

Simon Hairsnape, deputy PCT director, said it was estimated that over 100,000 oxygen cylinders supplied by pharmacies were outstanding. Four pharmacies in the region are providing a collection service, including Chave and Jackson in Hereford. Pharmacist Adrian Tebby, who is also chairman of the local pharmaceutical committee, said he had an estimated 120 headsets unaccounted for alone.

BOC, the region's incumbent gas provider, continues to charge for missing cylinders despite all other suppliers waiving the fee.

Mr Tebby said: "It's a constant threat hanging over us that we don't know what BOC's ultimate position on this is and compared to the others it seems very unreasonable."

The Pharmaceutical Services Negotiating Committee has described talks with the Department of Health over a decommissioning fee for headsets as "constructive". It is expected that this will be paid after the end of the transition period in July.

On June 1, Primary Care Contracting issued guidance to standardise the reporting of incidents relating to the transition to the new home oxygen service. Strategic health authorities will communicate comments to PCTs and ensure new suppliers are "aware of their role in reporting incidents and in working with trusts on joint investigations". **TH**

Obstacles to prescribing

Practice Study suggests support is needed

Community pharmacists wanting to become supplementary prescribers need financial and IT support from their PCT, says a report.

Bath University's Marjorie Weiss, the study leader, said community pharmacists who wished to prescribe faced "particular obstacles", including accessing medical records, physical distance from the independent prescriber and lack of funding. It was common for pharmacist proprietors to pay for the training themselves, whereas hospital pharmacists were able to access staff training budgets.

Although pharmacist prescribers found their role rewarding and felt it benefited patients, there was a "lack of awareness and understanding" from patients and other healthcare professionals", said the paper.

Copies of the study are available from the Pharmacy Practice Research Trust – email beth.allen@rpsgb.org **AF**

Marjorie Weiss: community pharmacists faced 'lack of awareness'

Pharmacist Uma Patel (left) and his wife Kash (centre) attended a private function at Windsor Castle to celebrate the Queen's birthday, as members of the Windsor & Eton Royal Warrant Holders Association. On hearing that Mr Patel was in the 'drugs trade', the Queen joked: "I hope it's the legal one"

Pharmacy acquires defibrillator

Practice Staff take four-hour course on new equipment

Staff volunteers at a Worcester pharmacy have trained to use new life-saving equipment with Hereford and Worcester Ambulance Service.

St Johns Pharmacy, owned by West Midlands based Murray Healthcare, has a portable defibrillator, which is used to treat people who suffer cardiac arrest. The four-hour course included first aid, equipment use and role play.

Dan Attry, pharmacy superintendent at Murrays, said: "We were looking for something community based... and looked at the possibility of a defibrillator after reading a report about a pharmacy doing this in the USA." **JE**

News in brief

Two pre-reg pharmacists from Glasgow hospitals have won 2006 Pfizer Awards.

Saima Afzal from Glasgow Royal Infirmary took the oral presentations award for her work on the development of a process to support the clinical and pharmaceutical aspects of unlicensed medicines.

Lauren Wells of the Western Infirmary in Glasgow won the best poster award for her entry 'Identification of potential medication problems in patients attending a general cardiology clinic'.

SPGC

Minor ailment service Q & A part one

The minor ailment service (MAS) allows individuals who are exempt from paying charges to register with and use their community pharmacy for consultation and treatment of common illnesses.

Q. I could start registering individuals from the June 1 but how is my first payment worked out and when do I get my first payment?

A. If you register 50 patients in June and 50 in July, then your first month's payment is based on you having 100 patients registered at July 31, assuming no changes. As you are only able to deliver the service from July 1, then your first MAS payment will be for the month of July. June contributes to your first total of registered patients but is not a month in itself that attracts a payment. MAS prescriptions will be priced with your July bundle and payment will be made in September.

Q. What I am supposed to do to let people know about MAS?

A. Contractors will shortly receive national advertising materials, including a poster and leaflets, along with a comprehensive MAS implementation pack. Contractors must not use any other advertisements or material for promoting this core service. MAS is based on the provision of unsolicited care to exempt patients and as such should not be unilaterally advertised.

Q. Do I always have to use the CP2 form (electronic stationery)?

A. CP2 forms should be used in all situations for both registrations and consultations other than exceptional circumstances (major power failure). The system relies on the ePharmacy solution being used. The use of manual CP1 and A4 registration forms for consultations and registrations respectively will only be allowed for exceptional emergencies. The ePharmacy helpdesk (0131 275 6600) must be informed of any emergency use of the CP1 form.

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References: 1. Goadsby PJ, Lipton RB, Ferrari MD. N Engl J Med 2002; 346(4): 257-270. 2. Humphrey PPA. Cephalalgia 2001; 21 Suppl 1: 2-5.

IMIGRAN RECOVERY

Help your customers find a way out of migraine

Contractors against crime spree

Practice Unrelated attacks in three counties result in cash and drugs thefts

Max Gosney

Pharmacists have responded defiantly after several businesses were struck by thieves in recent raids.

Contractors in Shrewsbury, Preston and Mitcham lost several thousand pounds in drugs and cash in a series of unrelated raids.

Tariq Malik, proprietor at the Kingsfold Pharmacy at Penwortham, Lancashire, said: "The thieves took £1,000 from the till and a batch of controlled drugs. It's frustrating because we also had a £200 charity box stolen last month. But you've got to keep your chin up and not let these people get you down."

Thieves also struck Lunts Pharmacy in Shrewsbury, reported proprietor Martin Lunt. A local delinquent smashed a window before stealing a stash of drugs including Risperdal Costa, oxazepam, co-codamol and diazepam, he told C+D. "The perpetrator was a known troublemaker and caught during a second attempt on my other shop in Shrewsbury," he revealed.

Mr Lunt refused to be rattled by the raid. "I don't feel threatened and this is the first incident we've had in a decade. When I first started out as a pharmacist this kind of threat went with the job," he added.

A third attack at Lloydspharmacy in Mitcham saw staff forced to hand over valuables and cash to masked robbers.

The incidents should signal a wake-up call for pharmacy security, urged Raj Nutan, pharmacy business manager at the National Pharmacy Association.

He said: "Community pharmacy has always been vulnerable to crime. Contractors should set up panic buttons linked to the local police and also look at cost-effective deterrents such as dummy CCTV."

Plans to offer pharmacists conflict resolution training remain at a developmental stage, according to the NHS Security Management Service. "Training is carried out at a local level, although we are working closely with the RPSGB to make it available to all pharmacists and their staff," a spokesperson for the organisation told C+D.

No statistics are available on how many pharmacists have completed training so far, confirmed the organisation.

Contractors on crime

"I'd like to see more practical guidance on safety from the NHS. There's been a lot of talk about increased security, but I've seen little materialise from that."
Abdool Kureeman (pictured), Buckley Pharmacy, Surrey.

"I've just had my window broken for the third time by vandals, though I don't think we're in as much danger as 10 years ago. The NHS offers little support."
Trevor Maddison, Pointer Court, Lancaster.

Pharmacy travel clinic hits the buffers

Scotland GP blocks scheme to offer new travel vaccination service

The participation of a Scottish pharmacy in a pilot scheme to provide a travel vaccination clinic has been thwarted by the opposition of a local GP.

John Strachan, of Strachan Pharmacy in Turriff, Aberdeenshire, a Numark member, said: "I heard this week that the main GP in the town has blocked the scheme. If he doesn't give me his blessing, I can't do it, but I'm determined to push through with something."

But Charles Michie, of Charles Michie Pharmacy in Aberdeen, the other planned pilot pharmacy for the scheme, said he was optimistic that they would be able to resolve any difficulties with GPs.

John Strachan: travel clinic setback

"I'm hoping this new service will be signed off so we can run the clinic during this year's holiday season," he said.

As well as offering all the travel vaccines, the pharmacies plan to be able to prescribe Prescription Only Medicine antimalarial drugs.

Caroline Hind, pharmacy facilitator at NHS Grampian Health Board, said: "We're not progressing the scheme as a priority right now, but I would hope that it might go ahead in the future." **JE**

Co-op adds 10 stores ... and a redesign

Retailing Firm aims to unite its businesses under a single brand

The Co-op has purchased 10 pharmacies in south west England as it steps up its campaign to secure 400 stores.

The retailer confirmed it had added eight sites in Bristol and one each in Clevedon, Somerset and Pewsham, Wiltshire to its 360-strong pharmacy chain.

The pharmacies were bought from Bristol-based Ideal Chemists for an undisclosed fee, confirmed the Co-op.

Neil Braithwaite, Co-op Group Pharmacy's general manager, outlined the firm's plans to add 40 branches by the end of the summer in a recent interview with C+D. **MG**

The Co-operative Group plans to redesign its 360-strong pharmacy chain in a bid to unite its businesses under a single brand.

The Co-op aims to build closer ties between its retail, pharmacy, travel, funeral and banking divisions by introducing "The Co-operative" signage to over 3,400 sites.

The plans will be considered by Co-op chiefs this summer and follow a successful trial in 16 stores, claims the company.

Zoe Morgan, director of marketing at the Co-op, said: "For the first time in our history our family of businesses will be united under a single brand, which will go hand in hand with defined operational standards for each business."

Hawksworth calls for local leadership

Contract Teamwork has helped initiative success

Former Royal Pharmaceutical Society president Gillian Hawksworth has highlighted the importance of local leadership in delivering the pharmacy contract.

Speaking as chairwoman of the National Prescribing Centre's community pharmacy framework collaborative (CPFC), Dr Hawksworth attributed the initiative's success to the leadership demonstrated, both by individual pharmacists and by teams.

With the aim of developing and spreading good practice, the CPFC has supported the implementation of the new pharmacy contract in England at a local level, which will now be rolled out across adjoining areas.

CPFC has taken the form of four two-day workshops, held over the last year.

Attendees have benefited from sessions designed to develop skills, including problem solving and decision making, and covering practice topics ranging from advanced contract services to public health issues. **AF**

Healthcare professionals recommend salicylic acid

as a first line pharmacy treatment for verrucas and warts![1]

Salicylic acid is a painless and effective treatment for warts and verrucas. It is recommended by healthcare professionals as a first line pharmacy treatment for verrucas and warts[1] – and is the active ingredient in number 1 selling[2] Bazuka Gel. So make Bazuka your first choice recommendation when your customers need to Bazuka that verruca.

BAZUKA IS MAKING ANOTHER BIG SPLASH ON TV!

bazuka™ that verruca

BAZUKA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the treatment of verrucas, warts, corns and calluses. **Directions for use:** For adults, the elderly and children: Once daily apply one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding skin. The following day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh gel, gently rub the treated surface using the emery board provided. Continue treatment until the condition has resolved. This may take up to 12 weeks for certain verrucas and warts. **Contra-indications:** Not to be used on the face, neck, intertriginous or anogenital regions, or by diabetics or individuals with poor blood circulation. Not to be used on moles, birthmarks, hairy warts, or any other skin lesions for which the gel is not indicated. Not to be used in cases of sensitivity to any of the ingredients. **Precautions and Warnings:** Keep away from the eyes, mucous membranes and from cuts and grazes. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep firmly closed when not in use. Avoid contact with clothing, fabrics, plastics and other materials, as it may cause damage. **Side-effects:** Some mild transient irritation but in cases of more severe irritation or inflammation, treatment should be discontinued. Bazuka Gel and Bazuka Extra Strength Gel are highly flammable – Keep away from flames. Store at room temperature not exceeding 25°C. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. **Legal Category:** P **Packs:** Bazuka Gel (PL0173/0161) – 5g RSP £4.95 (£4.21 exc. VAT). Bazuka Extra Strength Gel (PL0173/0154) – 5g RSP £5.75 (£4.89 exc. VAT). Source: 1. Cutaneous Warts: An Evidence-Based Approach to therapy. R. Bacelieri et al. AFP 2005. 2. IRI Infoscan, all outlets, October 05 MAT unit market share.

First patients register with Scottish pharmacies

Scotland Patient registration one of first steps to achieve electronic service

Charles Gladwin

Patients have begun registering with community pharmacies in Scotland as part of the new contract's minor ailments service.

Patient registration – a first for community pharmacy – is a requirement for the electronic service, which allows individuals who are exempt from prescription charges, to use their community pharmacy as the first port of call.

George Romanes, a Scottish contractor, said the involvement of IT from the outset of the new Scottish contract would allow pharmacy to build its data and evidence base. "IT is going to be an enabler for the pharmacy contract. We are poor at recording, but e-pharmacy is the way that we can record and prove that we do a good job," he told delegates at the AAH Convention in Athens this week.

George Romanes: IT will be an enabler

There are IT facilitators in each health board area to help pharmacists and their support staff become more IT-capable, added Mr Romanes. He is one of a number of 'pharmacy champions' who have been appointed to help pharmacy colleagues locally with the new contract changes. But despite the promising start to the contract, Mr Romanes warned that at present, there is little integration between the General Medical Services and pharmacy contracts. "We have to aim to get them more interlocking and working together over the next few years," he said.

For more news from the AAH conference turn to page 38 ›

Health campaign attracts men to pharmacies

Practice Campaign will highlight accessibility of medical advice and information

A men's health charity is looking to set up a project to make pharmacies more attractive to men seeking health advice.

Peter Baker, chief executive of the Men's Health Forum, said that pharmacists have "enormous potential" to become a valuable resource for men seeking medical advice or information because they are easily accessible and no appointments are necessary. The initiative is a collaboration between the charity, the Royal Pharmaceutical Society and the DH.

"We want to develop pilot schemes to test this potential and see if pharmacies can display more information and posters on men's health and use their window displays to attract men to services," he said.

"Everything is in place except for the funding, which has not yet been finalised with the DH."

Men's Health Week takes place from June 12 to 18.

For more on men's health turn to page 35 ›

Governments failing pharma

Europe Funding lets down Euro drugs industry

Europe's pharmaceutical industry will struggle to compete on the world stage unless it gains greater financial support from national governments.

The study from the Department of Health and the Department for Trade and Industry said that unless the European Union matches the USA and Asia in investing in pharmaceutical R&D, then skilled jobs, technological innovation, academic collaboration and management expertise will be lost.

The report recommends that governments and industry work towards delivering innovative and affordable medicines to patients. More information is available from www.dh.gov.uk/publications

News in brief

Service harmony needed

Primary care trusts are hampering the rollout of enhanced services by using differing criteria for accrediting services, the NPA has claimed.

NPA members who use locums can face difficulties in providing continuity of service as pharmacists may have different accreditations from different PCTs, John D'Arcy, NPA chief executive has warned. He said the NPA would be willing to work with the RPSGB to develop a competency for a general level for community pharmacists.

Don't let the fungus turn them into criminails!

NEW Pharmacy-only Curanail with £1 million TV & press campaign

New Curanail has come to the rescue of the million or more people in the UK with mild fungal nail infection.[1]

Curanail is a new, effective,[2] pharmacy-only version of a treatment that was previously only available on prescription.

With a £1 million press and TV campaign over the summer, it may be time to send for your supply of Curanail. After all, it's better to get Curanail than let them become Criminails!

PIP Code: 322-0662

It's better to get Curanail than be a Criminail!

Product Information: Presentation: Curanail 5% Nail Lacquer contains 5% w/v amorolfine. Indications: Mild distal and lateral subungual onychomycoses caused by dermatophytes, yeasts and moulds limited to up to two nails. Dosage and Administration: Adults Only – Apply to the affected finger or toe nails once weekly (see summary of product characteristics for full technique). Treatment duration depends on intensity and localisation of infection. Generally, six months (fingernails) and 9–12 months (toenails). Not recommended for use in patients under the age of 18. Contra-Indications: Hypersensitivity. No experience in pregnancy and lactation, it should therefore be avoided. Precautions and Warnings: Avoid contact with eyes, ears and mucous membranes. Patients with predisposing conditions such as peripheral circulatory disorders, diabetes mellitus and immunosuppression should be referred to a doctor. Patients with nail dystrophy and destroyed nail plate should also be referred to a doctor. Side Effects: In exceptional cases, a slight, transient burning sensation in the area of the nails. Rarely, nail discolouration, broken/brittle nails, but these could be linked to the onychomycosis itself. Interactions: No specific studies involving concomitant treatment with other topical medicines. Avoid nail varnish or artificial nails. Packaging Quantity and Cost: Pack containing 3ml nail lacquer, cleansing swabs, applicators and nail files. 3ml £10.56 (R) £18.61 MA number: PL 10590/0049 Legal Category: P. Full prescribing information is available from: Galderma (UK) Limited, Meridien House, 69-71 Clarendon Road, Watford, Hertfordshire, WD17 1DS, United Kingdom. Tel: +44 (0) 1923 208 950 Fax: +44 (0) 1923 208 955 Date of Revision: March 2006. Date of Preparation: September 2006. References: 1. Roberts DT. *Br J Dermatol* 1992; 126 (Suppl 39): 23-27. 2. Reinal D *et al. Dermatol* 1995; 191 (Suppl 1): 21-24.

Further information is available at www.curanail.co.uk

Comment from the editor

The pharmacy revolution gathers pace

The revolution currently happening in community pharmacy reached new heights this month, although for most pharmacists busy coping with implementing new national contracts and ever increasing workloads, it may not seem so.

Since the beginning of June, community pharmacists in Scotland have been registering patients as part of the contract's minor ailments scheme. In effect, they are building their own patient lists, something that was once the preserve of our GP colleagues.

As tackling health inequalities is a key aim across all the home countries, patient lists can only help pharmacists to ensure services such as diabetes screening and asthma monitoring, for example, are targeted at the right groups of patients. Combined with the rollout of the contract's public health service, Scotland's pharmacists are set to take on greater responsibility for the health of their patients.

The significance of this will only increase in time, as the pharmacy revolution continues. Once new roles such as independent prescribing and pharmacists with special interests have been rolled out, community pharmacy across the UK will be unrecognisable from the service of a few years ago.

And if the government is serious about shifting resources and services from secondary to primary care, then there is no reason why clinics for substance misuse, dermatology, cardiovascular disease risk etc should not become commonplace in the community pharmacies of the future.

GPs were happy to hand back responsibility for providing out of hours care for their patients but this is likely to prove to be a costly (professional at least if not financial) error. The NHS is struggling to meet the demands of an ageing population, and the government has recognised the need to radically change the way frontline health services operate.

GPs will of course continue in their role as the patient's prime health provider but, by giving up 24-hour responsibility for patient care, the boundaries are blurring as other community health providers raise their game.

> Community pharmacy across the UK will be unrecognisable from the service of a few years ago

Your views

Who will be the new commissioners?

CCA Comment: will GPs take over from primary care trusts, asks Georgina Craig

Primary care trusts (PCTs) are reconfiguring, and practice based commissioning is in its infancy, so where should local contractors focus their efforts when it comes to lobbying for funding for enhanced services?

Commissioning is coming to the fore as the key function that will drive change and service redesign in the NHS. Once the dust settles, some 152 PCTs will be responsible for commissioning across their geographical boundaries, acting as agents for and making decisions on behalf of the populations they serve. Their commissioning performance will be managed, and they will have to meet targets for private sector provision of services – around 15 per cent of all services they offer.

For some time now pundits have been speculating as to where the real commissioning power will lie, given that alongside these 152 commissioning bodies, government has set in train practice based commissioning (PBC) which, as the name suggests, is a mechanism whereby general practice influences the commissioning process, though without actually holding a budget.

The rationale is that because GPs are the ones who make the bulk of referrals to secondary care, if they are given the incentive to do things differently they will design alternatives to referral, for example GP specialist led clinics for chronic disease management.

However, most GPs are very contented with the substantial pay rise their new contract has brought them and are not really interested in engaging with PBC. Their new quality and outcomes framework (QOF) will contain some must-dos in terms of participation in the process, and there is a new PBC collaborative, shortly to enter into its second wave, which is providing support and learning to PCTs and practice commissioners.

However, it remains unclear whether PBC will deliver any real change, and there is growing recognition that as PCTs remain the ultimate commissioners in any case, it is their role in commissioning that will be pivotal to service redesign at local level.

This is as it should be – and it is welcome news for local pharmaceutical committees which have been nurturing relationships with PCT executives for many years. In the meantime, these are the relationships that need to be prioritised and maintained – especially pharmacy's links with commissioning leads for primary care. The key is to be proactive and offer support to the PCT to understand community pharmacy and the health needs pharmacy can help address.

That said, it will be important to understand how PBC is developing locally. Maintaining close, positive working relationships with general practice remains important; all contractors should be looking at how effectively they are doing this – not least because it is already proving to be one of the critical success factors in the delivery of medicines use reviews and other advanced services. In addition, it is worth finding out more about the PBC collaborative (www.npdt.org has more details) and linking in early if the local PCT is participating.

A two-tiered approach will keep pharmacy contractors ahead of the game, and the key thing is to keep talking. The pace of change in the NHS is invariably slow and steady – and that is the way pharmacy will make in-roads with commissioners as well.

Xrayser

Topical Reflections

Amazing IT, shame about the staff

NHS Connecting for Health is way behind schedule and I'm sure it will never achieve some of its targets, but I imagine the technology is mind boggling.

If the computer skills match the sums of money being spent, it must be awesome indeed. But computers will only ever be as good as their operators and I suspect that human frailties are more likely to let the scheme down than computer glitches.

If my smart card registration event is anything to go by, we are better off sticking to pen and paper rather than letting human beings confuse all those sensitive computers. It made logistical sense for the PCT to tempt all the local pharmacists to one place with a buffet and an educational talk. And most people had made the effort to come after a long day at work because after all, no smart card, no electronic prescriptions. But the organisation was sadly lacking.

My pile of carefully selected forms of identification were barely glanced at and the person filling in my registration form seemed to have little idea about what they were doing. After some time spent queuing for a photograph, it became apparent that the person taking the photos (who obviously wasn't a photographer) had not thought how to match the picture to the correct name.

So if I ever get to log in to one of the biggest IT projects in the world, it will probably be with a card bearing someone else's picture and containing all the wrong information. At least if I do something wrong, someone else will get the blame. But what is the point of designing a system that will be so much cleverer than its operators? It's a bit like giving a learner driver a Ferrari for their first lesson, and the consequences are likely to be similar.

I imagine that most of the delays have been down to politics, finance and human error rather than computer failings. If the PCT can't even organise a set of plastic photo-cards, what chance have they got of taming some of the most advanced IT kit the NHS has ever seen?

If the system ever gets off the ground, its human operators are bound to bring it crashing back down again very quickly.

A lesson to learn from Wales

If the prescription charge system is ever revised in England, we will have learnt some valuable lessons from the Welsh experience. The main lesson being that scrapping the prescription charge is not worthwhile.

I can think of hundreds of other areas where the £30 million lost through abolition of script charges could be better spent. For the vast majority of paying patients, six or seven pounds is neither here nor there. Given the choice, I think most people would choose to pay the charge rather than see a hospital close.

I don't like the idea of a tax on the sick and I like collecting it even less, but we have lived with it for a long time and the lost revenue would never be replaced. A tweaking of the system might help but scrapping the charge is a mistake.

Many of the Welsh problems have been due to cross-border differences, but the new card scheme (C+D, June 3, 2006) is the latest in a line of additional expenses for what appears to be a publicity stunt.

C+D

Hospital Report

Agenda for a headache

There have been many headaches with Agenda for Change. Most were foreseen to some extent or another. The mammoth task of ensuring everyone had up to date job descriptions took untold thousands of hours. Releasing staff to attend matching panels caused more than a few challenges for managers. Completion of job analysis questionnaires where panels failed to match a post against a profile is still an ongoing drain on resources.

However, the latest headache comes as a result of successful matching outcomes. The Guild of Healthcare Pharmacists worked extremely hard to get a national profile for a pre-registration graduate published. The profile label is a bit odd as it refers to "pharmacist entry-level", but the job title makes it clear it is a pre-registration pharmacist and most posts have matched without too much debate.

The only problem is that the new salary is a considerable improvement on the previous one. Great for the graduates, but

Not surprising, then, that many cash-strapped trusts are questioning why they should have any pre-reg places

not so good for those funding the places.

In England, the funding organisations are the workforce confederations and in many cases they are unwilling to increase the overall funding for pre-regs. Some are taking a pragmatic approach and accepting a reduced number of places for the same amount of funding. Others are demanding the same number of places with no funding increase. In this scenario, trusts would lose about £6,000 to £7,000 for every pre-reg they employ.

Not surprising, then, that many cash-strapped trusts are questioning why they should have any pre-reg places. So much for the government assertion that it is all "fully-funded".

Written by a senior hospital pharmacist


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Your views

Big pharma's new code of practice

The drugs industry has beefed up its code of practice. ABPI president Nigel Brooksby and Heather Simmonds, director of the body that adminsters the code, highlight the changes and how they will affect pharmacists

A completely revised edition of the Association of British Pharmaceutical Industry's code of practice, which governs the ethics of the pharmaceutical industry's relationships with its stakeholders, was produced at the beginning of the year. Among many reasons for undertaking a thorough overhaul of the code – the first for some 12 years – was to acknowledge the greater role that pharmacists play in prescribing medicines.

The enhanced number of prescribers means, inevitably, that the industry will have more contact with these groups. The information pharmacists have about modern, innovative medicines needs to be fully up to date, with all the relevant data at their command. The industry is uniquely equipped to provide this. Clearly such interaction with the industry and its representatives needs to be conducted to the highest ethical standards by both parties. Pharmacists have their own code of conduct – and likewise for the pharmaceutical industry.

But the purpose of having a robust code of practice is curtailed if its existence is not widely known. The ABPI has begun a major communications exercise to spread the word, the areas it covers and how to make a complaint.

One of the key elements of the campaign so far has been the launch of CODE Day. On April 25 some 10,000 staff from more than 50 pharmaceutical companies gave their time to explaining to their contacts, including pharmacists, the facts about the code. Such a concerted effort by ABPI member companies – and, indeed, many that are not members of the ABPI but have agreed to abide by the code – is unparalleled.

The campaign will continue during the year, with fresh opportunities being explored to publicise the code and its provisions. Indeed, the Prescription Medicines Code of Practice Authority (PMCPA), which administers the code at arm's length from the ABPI itself, is appointing a full-time communications manager for the first time so that more resource can be dedicated to this area.

Given that medicines can make the difference between life and death, it is incumbent on all who work in the pharmaceutical industry to maintain the highest standards when dealing with healthcare professionals. The revised code is a strong message of intent. There is a renewed desire by the industry to abide not just by the letter, but also the spirit of the code.

Nigel Brooksby, president, ABPI.

The ABPI code of practice (available at www.pmcpa.org.uk), dates back to 1958, and has been regularly expanded and refined. The latest update was introduced on January 1, 2006. The code covers the promotion of prescription medicines to health professionals and appropriate administrative staff and the provision of information about Prescription Only Medicines to the public. It is drawn up in consultation with the Medicines and Healthcare products Regulatory Agency and health professional organisations including the Royal Pharmaceutical Society.

Since 1993 the code has been administered by the Prescription Medicines Code of Practice Authority (PMCPA), which operates independently of the ABPI itself. The complaints procedures are completely transparent, with detailed reports on completed cases and brief details of ongoing cases available to all. Certain serious breaches of the code will now be made more widely known by advertising in the medical and pharmaceutical press, an addition to the existing sanctions.

The changes made in the 2006 edition include recognition of the widening role of pharmacists, which now encompasses prescribing.

To further patient safety, promotional materials must now include prominent information about adverse event reporting mechanisms. Relationships between patient organisations and pharmaceutical companies are now covered in detail. Any involvement must be declared and transparent, and companies must make public lists of all patient organisations to which they provide financial support. Written agreements setting out exactly what has been decided, including funding, in relation to every significant activity or ongoing relationship are now required.

The maximum number of mailings that can be sent to health professionals about a particular medicine has been specified. The number of pages in a particular issue of a journal, which can bear advertising for a particular medicine, has been reduced from three to two.

Further limitations and additional guidance have been introduced on the provision of promotional aids, hospitality, travel and accommodation. Only economy air travel can be provided to delegates sponsored by pharmaceutical companies to attend meetings. The use of competitions and prizes in the course of promotion is now completely unacceptable. Steps have also been taken to speed up the complaints process so that decisions can be made more quickly and sanctions imposed earlier.

Pharmacists and other health professionals play an important role in helping to monitor activities and should consider making a complaint to the PMCPA if they have concerns about materials or activities (12 Whitehall, London SW1A 2DY complaints@pmcpa.org.uk).

Heather Simmonds, director, PMCPA.

The changes in the 2006 edition include recognition of the widening role of pharmacists, which now encompasses prescribing

Pharmacy Champions

Pharmacists leading the way

Name
Dhimant Patel

Pharmacy
Healthways Chemist, Pinner, Middlesex

What has he done?
Set up a smoking cessation service in 1993, and worked with his PCT to roll it out to 50 other pharmacies

What have you done?
I started providing a smoking cessation service in 1993, but this moved onto a more formal footing in 2003 when Harrow PCT decided to develop a patient group direction. Along with three other pharmacists, I was involved in designing the paperwork for the PCT scheme and mentoring pharmacists who wanted to provide nicotine replacement therapy, advice and monitoring to over 16s and pregnant women. To date, 51 of the 57 pharmacies in the PCT area are on board. Last year, I was runner-up in the health professional category of the annual Quit Awards, maybe because my four-week quit rate stands at around 60 per cent.

Were there any difficulties?
Getting the PCT to fund the project was initially difficult as we had no supporting evidence. And when the initiative was rolled out across the PCT, some pharmacists were reluctant to take part because they were anxious about the time commitment and amount of paperwork involved.

What has the response been?
Uptake of the service by patients has been good – they seem to like the fact that they don't need to make an appointment and find pharmacists accessible when they need them. GPs and practice nurses like community pharmacists providing a quit service as it lightens their workload, and are looking to develop other pharmacy-led health promotion schemes.

Any advice?
Every area should have a pharmacy-led smoking cessation service as it is a government priority. If you're not involved in one, talk to your LPC or PCT about joining an existing project, or setting one up.

What would you do differently?
The scheme should involve GP follow-up after four weeks to reduce the drop-out rate, and pharmacy counselling and support should be extended to 13 weeks. We also need to encourage dentists to refer patients. The programme should also broaden its remit to include education – for example, community pharmacists could give regular talks in schools to try and reduce the number of children that start smoking. I'd also like to see the amount of time it takes for PGDs to be set up reduced. The MHRA has recently relaxed the restrictions on NRT use to include children over 12 years etc, but the PGDs take a while to catch up.

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpi.biz

C+D Clinical

Is it hayfever?

The first of two articles on this seasonal condition describes the diagnostic features and oral treatments

Alan Nathan

Allergic rhinitis and conjunctivitis are allergic hypersensitivity reactions in the nasal mucosa and the conjunctiva. They can have several causes, but the predominant one at this time of year is pollen in the atmosphere. This seasonal allergic rhinitis and/or conjunctivitis is more commonly known as hayfever. This article covers the clinical features and oral treatments. Part two next week will cover topical treatments, and comparisons with perennial rhinitis.

Clinical features

See Table 1.

Oral treatment

Histamine is the main chemical mediator responsible for the inflammatory response of hayfever and other allergic reactions. All oral formulations for treating hayfever act through competitive antagonism of histamine at the H_1-receptor.

The older, sedating antihistamines (known as first-generation antihistamines) are lipophilic and cross the blood-brain barrier readily. In the brain, as well as binding to H_1-receptors, sedating antihistamines bind to and block muscarinic, and in some cases alpha-adrenergic and serotonergic, receptors. As a result, they cause several undesirable side effects including drowsiness, dry mouth, blurred vision, urinary retention, constipation and gastrointestinal disturbances.

The newer, non-sedating antihistamines (second generation) are less lipophilic and do not reach the brain to a significant extent. They are therefore much less likely to cause centrally mediated adverse effects. However, a few individuals exhibit drowsiness and other CNS side effects in response to non-sedating antihistamines and even to placebo. Impairment of function, if it occurs, is not always accompanied by subjective feelings of drowsiness, so patients should be warned that driving and other skilled tasks may be affected and to avoid excess alcohol.

Antihistamines are generally effective in controlling symptoms, including sneezing, nasal itching, rhinorrhoea and, to a lesser extent, allergic conjunctivitis, but have little or no effect on nasal congestion. The maximum effect of antihistamines is not achieved until several hours after peak serum levels have been reached. In addition, these drugs cannot reverse the consequences of H_1-receptor activation and are effective only if they are able to block histamine release before it occurs. So for maximum effectiveness antihistamines should be taken when symptoms are expected, rather than after they have started.

Antihistamines block histamine release but cannot reverse the consequences of H_1-receptor activation by pollen (pictured) for example. Courtesy of Dr Jeremy Burgess/Science Photo Library.

Non-sedating antihistamines

Compounds available are acrivastine, cetirizine and loratadine. They are generally preferable to the older antihistamines because of the much lower incidence of side effects. All drugs in this group are of equal efficacy.[1]

Acrivastine has a rapid onset of action and a short half-life, necessitating more frequent dosing than cetirizine or loratadine, but it may be useful if rapid relief is required. Peak plasma levels of cetirizine and loratadine are reached in about an hour; they have long elimination half-lives and are long-acting, requiring only once-daily dosage. Loratadine is metabolised by the liver by cytochrome P450 enzymes and

The College of Pharmacy Practice

This course (module 1371) in association with multiple choice questions being published in C+D July 1, provides one hour's continuing education

CPD

This article can help the following competencies: G1c, C1a, C
www.tinyurl.com/

Clinical features of hayfever

Cause	• Hayfever is caused by exposure to pollen or other allergens that occur only at certain times of year. The most common causes are tree pollens in spring, grass pollen in summer, and mugwort and chrysanthemum pollen and fungal spores in autumn. • The symptoms are the result of a type 1 allergic reaction in which initial exposure of a sensitive individual to an antigen results in the production of antigen-specific immunoglobulin E (IgE). IgE attaches to mast cells and basophils, which become sensitive to further antigenic material. On further exposure, the antigen binds to IgE, causing degranulation of the mast cells and release of chemical mediators, including histamine, leukotrienes and prostaglandins, which produce an inflammatory response. Prolonged exposure to the allergen may result in a sustained response, causing nasal congestion.
Epidemiology	• Hayfever is estimated to affect between 10 and 15 per cent of the UK population, and the incidence appears to be rising. Up to 10 per cent of children and between 20 and 30 per cent of adolescents are thought to suffer. Incidence peaks in the early teens and then diminishes. About two-thirds of adult sufferers are under 30 years old. Heredity may play a role, and children whose parents suffer from hayfever have a high chance of suffering themselves.
Symptoms and signs	**Nasal symptoms: early phase** • Rhinorrhoea: Discharge is clear and watery. Frequent blowing and wiping can make the nose sore and lead to infections. • Sneezing: Begins within 60 seconds of allergen inhalation, resulting in long bouts of repeated sneezing, which is disruptive and distressing. • Nasal pruritus: Itching may be continuous or intermittent, and is extremely unpleasant and irritating. The typical sufferer will rub the tip of the nose upwards with the heel of the hand in a gesture known as the 'allergic salute'. Children tend to wrinkle their nose constantly to relieve the itching, an action known as 'bunny nose' or 'rabbit nose'. Some sufferers also experience an itching sensation in the roof of the mouth. **Nasal symptoms: late phase** • Nasal congestion usually develops after some days of exposure to allergen, when the blood vessels in the nose become dilated. Congestion may be uni- or bilateral, and may shift from one nostril to the other every few hours. Mouth-breathing may result, which can lead to a dry mouth and bad breath, disrupted sleep, and anosmia (loss of sense of smell). Nasal congestion may cause frontal or sinus headaches and give rise to secondary infections such as sinusitis. The eustachian tubes may become blocked with mucus and infected, and otitis media may result. • In some cases a dark or bluish swelling, like a black eye, develops around the eyes, caused by impaired nasal venous outflow. **Allergic conjunctivitis** • Clear, watery ophthalmic discharge. • Redness caused by dilation of the conjunctival blood vessels. • Ophthalmic itching, sometimes so severe that the sufferer resorts to scratching the eyelids to relieve it. • Photophobia. • Skin folds or pleats parallel to the lower lid margin, extending from under the eye to the top of the cheekbone.
Differential diagnosis	• Allergic rhinitis and the common cold have several features in common. They may be confused with each other but can be distinguished by the differences shown in Table 2.
When to refer	• Wheezing or shortness of breath, which could indicate asthma. • Earache or facial pain, as these may indicate sinusitis or otitis media requiring antibiotics. • Purulent, rather than clear, discharge from the eyes, denoting a possible infection. • Blood in nasal discharge. • No improvement after one week of treatment with OTC medication.
Treatment	See main text.
Associated advice	• Stay indoors and keep all windows closed. This reduces pollen exposure by up to a factor of 10,000. • Avoid going out, particularly in the early evening and mid-morning. • Wear close fitting sunglasses when outside, and a mask if symptoms are really severe. • In the car, keep windows closed, especially on motorways. Keep the air conditioning on, if available.

Diabetes education for pharmacy support staff

Helping your customers select a blood glucose meter

This programme has been approved by the National Pharmacy Association as suitable for use by pharmacy support staff as part of their continuing education.

Complete the questionnaire on the final page to receive a certificate and your chance to win a voucher for one of **2 SPA Breaks.**

Aims

Regular monitoring of blood glucose is an important means for people with diabetes to assess and improve their blood glucose levels.

Having completed this programme, you should:

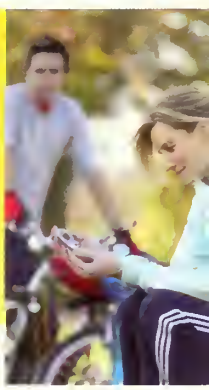
- Have a basic understanding of diabetes and how it is treated;
- Understand what makes blood glucose levels rise and fall;
- Appreciate the role blood glucose monitoring plays in the everyday life of a person with diabetes;
- Know how blood glucose is tested and how testing can be made more accurate;
- Understand how a customer's health and lifestyle should influence their choice of blood glucose meter;
- Be familiar with the blood glucose meters stocked in your pharmacy and be able to identify which customers they might suit best;
- Be able to answer some common questions about blood glucose monitoring.

What is diabetes and how is it treated?

Diabetes is a chronic condition characterised by too much glucose in the blood. Glucose is the body's main fuel. Glucose in the blood either comes from digestion of food or sometimes it is produced by the liver. To transfer glucose from the blood into the cells requires the hormone insulin, which is made in the pancreas. Insulin either moves glucose into the muscles or brain to use as energy or stores it as glycogen in the liver or as fat, under the skin and round the organs.

People with diabetes do not have enough insulin for their needs, so their blood glucose rises above normal levels. This may be because their pancreas is no longer producing sufficient insulin. Alternatively their bodies may not react efficiently to insulin, so they need more than usual. This is called 'insulin resistance' and is a common result of being overweight.

"I'd like a meter I can take wherever I go."



Type 1 diabetes

Who

Most people with type 1 diabetes develop it in childhood or as teenagers.

Treatment

Type 1 diabetes is characterised by a very low level of insulin production. People with type 1 diabetes always require insulin replacement, usually by injections although a new form of insulin inhaled via the nose will shortly be available.

Monitoring

Because they will always be using insulin, frequent testing is required for people with type 1 diabetes – often several times a day.

Type 2 diabetes

Who

Older people more commonly develop type 2 diabetes, particularly if they are overweight.

Treatment

Some people with type 2 diabetes may be able to improve their blood glucose levels by losing weight but many are also prescribed tablets to increase their insulin production or improve their body's insulin sensitivity. It is now quite common for people with type 2 diabetes to be treated with insulin.

Monitoring

For those treated with diet alone, or diet and tablets, testing several times per week is recommended. When insulin is used more frequent testing is required – several times a day.

The highs and lows of blood glucose

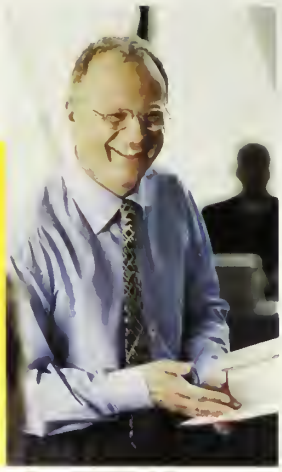
There are many factors which make blood glucose rise and fall throughout the day.

What do you think makes blood glucose rise and fall?

Write your answers in two columns and then check them against the table below.

Your customers with diabetes will use their blood glucose meter to monitor these ups and downs in blood glucose level.

"I'd like a meter that gives me a result quickly."



Going up

Eating

Eating food increases blood glucose, particularly food containing carbohydrate. Some foods raise blood glucose much faster than others. Sweet food and food containing refined carbohydrate are particular culprits. People with diabetes are recommended to choose carbohydrate foods such as pasta, which are much more slowly digested and raise blood glucose at a slower rate.

Insufficient treatment

Forgetting to take insulin or tablets will cause blood glucose to rise. With tablets the rise may be fairly gradual, over several hours. A missed insulin dose can result in a rapid rise in blood glucose, particularly after a meal.

Illness

When ill, especially if feverish, the body makes glucose from its own stores to help fight the infection. For people with diabetes this can cause their blood glucose to rise, even if they are eating less than usual.

Smoking

Smoking has been shown to cause a rise in blood glucose by making tissues insensitive to insulin. Note: People with diabetes are at particular risk of heart disease and strokes, a risk which is greatly increased if they smoke.

Going down

Too little food

For people whose diabetes is treated with tablets it is generally unwise to miss a meal, or to eat less than usual. This is mainly true for those treated with insulin, although if they are taking short acting insulin before each meal they may be able to lower the dose if necessary.

Tablets

There are two main types of tablet. The first encourages the pancreas to react to increased glucose in the blood by making more insulin than usual. The second type increases the sensitivity of the tissues to the action of insulin, so glucose moves out of the blood more efficiently.

Insulin

Insulin makes blood glucose decrease. There are four different types of insulin: short acting, intermediate acting, long acting and biphasic. These vary in their speed of onset of action, time to reach maximum effect and duration of action.

Alcohol

The body can raise blood glucose levels by creating glucose from glycogen, stored in the liver. Alcohol shuts down this natural mechanism, so can cause levels to fall.

Stress

The body's natural reaction to stress is to move glucose from its stores into the blood, as a preparation either for standing and fighting or running away! For some people with diabetes stress can raise blood glucose, although this is not consistent from individual to individual. For others stress can make blood glucose levels go down rather than up. This is particularly true for people with type 1 diabetes.

Exercise

Exercise burns glucose for energy so levels will fall. Building up muscle also has a benefit for people with diabetes. Muscle is more sensitive to insulin than fat, so increased fitness should help blood glucose control.

Why your customers with diabetes test their blood glucose

There are many reasons why your customers with diabetes measure their blood glucose. Fundamentally, however, they will be monitoring their treatment, trying to keep their blood glucose levels fairly steady, neither too high nor too low.

Assessing the effectiveness of their treatment

It is usual for people with diabetes to agree targets for their blood glucose levels with their doctor, practice nurse or diabetes specialist nurse. Usually these are targets are for their ideal blood glucose levels just before meals and two hours after meals.

People with diabetes then use these levels to assess how well their condition is being managed. If their levels are consistently over target this may indicate that their treatment needs adjusting. In discussion with their doctor or nurse, people treated with insulin may need to adjust the dose or the type of insulin they are using. For those with type 2 diabetes a change may be required, perhaps an additional or different tablet, or a move onto insulin.

Improving blood glucose levels

Your customers with diabetes will be keeping a record of their blood glucose results in a special diary or on computer. This is so that they can look at their results and check them for patterns. Is their blood glucose high at a particular time every day? Do they always have low blood glucose after sport? With the help of their doctor or nurse they use these results to adjust their treatment and improve their glucose levels.

Studies have shown that good control of blood glucose, alongside achieving normal blood cholesterol and blood pressure, can reduce the risk of developing some of the long-term consequences of diabetes. These include eye problems (retinopathy), loss of sensation in hands and feet (neuropathy), kidney problems (nephropathy) and an increased risk of heart disease and strokes.

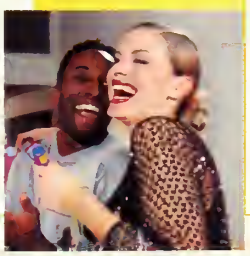
Because they may have these associated problems it is important to use your 2WHAM questioning with people with diabetes. They will need to be referred to the pharmacist when requesting OTC products.

Take this opportunity to discuss with your pharmacist how they would prefer you to deal with people with diabetes requesting OTC products.

Coping when routines change

Changes in routine like going out for a meal or to a party, going on holiday, unexpected exercise, a sporting event or even running for the bus, can affect blood glucose levels. Your customers with diabetes need a blood glucose meter to monitor what is happening at these times, helping them make adjustments if their blood glucose is going too high or too low.

"I'd like to be able to test in the dark."



Avoiding low blood glucose levels (hypoglycaemia)

One of the biggest concerns for people with diabetes treated with insulin and certain tablets is that their blood glucose will go too low. This is called 'hypoglycaemia' or a 'hypo' and the symptoms can be disturbing. A hypo can happen quickly – in a matter of minutes.

The early symptoms include:

- Paleness
- Shaking
- Perspiration
- A feeling of weakness
- Rapid heartbeat
- Hunger
- Agitation
- Difficulty concentrating
- Irritability
- Fatigue
- Blurred vision

If their levels fell even lower they may suffer from

- Temporary loss of consciousness
- Confusion
- Convulsions
- Coma
- Aggressiveness

Blood glucose testing is an excellent means of avoiding hypos. Because it tells the user their current blood glucose level they can see if their levels are too low and take immediate action. Usually something sweet such as a dextrose tablet or glass of a glucose drink such as Lucozade is used to get their blood glucose moving upwards. Then, as it begins to rise, the sweet item is followed by a snack or their next meal, eaten a little early.

Dealing with sickness

A feverish illness can give people with diabetes further health problems and concerns, especially for those treated with insulin. People with diabetes must always take their insulin when ill, even if they have not eaten anything, but they should try to eat normally and drink plenty of fluids.

In addition to glucose made from food, your body makes glucose from its own stores to fight infection. When these stores run out you start to burn fat for energy. For people with diabetes this can cause a high level of a by-product called ketones in their blood, which can act like a poison. Customers may have to check their ketone levels as a consequence.

At times of illness, therefore, your customers will be using their blood glucose meter frequently. They are usually recommended to test every two hours and to monitor their levels very carefully.

Understanding how blood glucose is tested

"I'd need a meter that is easy to use."

Coding

Blood glucose test strips can vary very slightly from batch to batch so, to ensure accuracy, blood glucose meters usually need to be coded each time the user starts a new box of test strips.

There are various methods for coding, all of which are very simple:

Inserting chip
A small electronic chip is provided with the test strips. It must be inserted into the meter.

Inserting coding strip
A coding strip is inserted into the test strip slot, which then automatically codes the meter.

Inputting code number
A calibration code number is entered by scrolling up or down with the meter buttons.

Testing

How each blood glucose meter is used is broadly similar, whichever type the customer chooses. Here is the process, illustrated using FreeStyle Mini ".

Insert test strip

Insert the test strip into the meter, being sure it is the correct way up. Check that the code displayed on the meter matches that on the test strip pot.

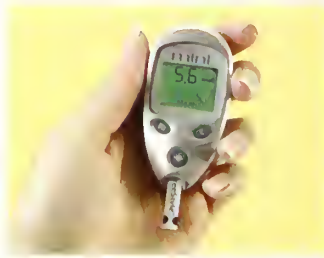
Prick finger

Prick the finger. The side of the finger is less sensitive than the pad.

Apply blood

Apply the drop of blood to the target area on the test strip.

Record result



Ensure that the result is displayed in mmol/L.

Keep a record to help identify patterns in test results.

Help your customers spot common reasons for inaccurate results

Occasionally your customer may feel that their meter is not working accurately, but when it is checked with a solution of known glucose concentration – a Control Solution – it appears to work perfectly well. Inaccuracies are not, however, always attributable to a fault in the meter. Here are some common causes:

Forgetting to code

Has your customer remembered to code their meter? All meters have a way of checking if they have been coded. For example, meters using the code number system display the code – which can be checked against the code on the test strip pot – every time the meter starts up.

Cleanliness

It is important that the finger being pricked is clean. Contamination, particularly from anything sweet is an obvious source of inaccuracy. A common mistake, which is often overlooked, is that applying hand cream can also cause accuracy problems.

Damaged test strips

Test strips can be damaged by oxygen and moisture, decreasing their accuracy. If your customer has accidentally left the top off their test strip pot, especially in a humid kitchen or bathroom, they will need a fresh prescription. They should also avoid tipping the contents of the pot onto their hand to help them extract one test strip – perspiring palms can cause damage too.

Insufficient blood

Each meter requires a specific volume of blood to perform an accurate test. Certain meters will still perform a test even if the blood drop is too small. Some may then give an error result; others may give an inaccurate result.

Some questions to help guide your customer's choice of blood glucose meter

There is a wide variety of blood glucose meters available on the market today: different sizes, different test strips, some which require less blood than others, some that are very simple and others that have more sophisticated features. Here are some questions which may help you suggest a blood glucose meter which best meets your customer's needs:

How often do you test?

Some people test more frequently than others. Those using insulin often test several times each day. A physically active customer who plays a lot of sport will need to be testing very regularly, as will a customer who is particularly concerned about their blood glucose levels.

Quick and easy testing with a meter that is small and easy to carry when away from home is going to be a priority for this group of customers.

Do your fingers ever become sore?

Fingers are sensitive and can become sore if pricked frequently. This can be a particular problem for frequent testers.

For customers who get sore fingers a meter which needs only a very small amount of blood is a good choice. This is because the lancing device can be set at a lower level to obtain a small blood drop and therefore can be less painful.

Do you ever forget your test?

To improve blood glucose results by establishing and then responding to patterns requires testing at regular times during the day, but with today's busy lifestyles it is easy to forget to test on time.

Some meters, however, incorporate alarms; a very useful feature which can remind the owner when it is time to test.

How often do you test away from home?

Infrequent testers, for example those with well controlled type 2 diabetes, will usually test at home and may not take their meter out of the house. More frequent testers, by contrast, will be carrying their meter wherever they go.

For customers who frequently test away from home the size and portability of the meter will be important. A small meter in a neat carrying case will be attractive to them.

Do you ever test at night or in poor light?

At a restaurant, at a party, during the night or in the early morning – there are many times when your customer may need to test when the light is poor.

For testing in low light a meter with an illuminated screen is a good choice. It is also possible to recommend meters which have a light to illuminate the test strip to help the user apply their blood drop.

How good is your eyesight?

Diabetes is a well known cause of eyesight problems, and your older customers may also have failing eyesight due to the natural processes of aging.

As a consequence some customers will put a very high priority on the size and clarity of digits on their meter's screen. If their eyesight is poor, large clear digits will be imperative. Of course younger customers with better eyesight may be happy to compromise screen size in return for a small, easy to carry meter.

Do you suffer from arthritis in your hands?

For older customers arthritis may be a problem. If they have arthritis in their hands they may find it difficult to handle small items.

This is a customer who might prefer a larger meter. But do not assume that a very large meter is a necessity, as this may come at a cost of decreased portability. A meter of a size that is comfortable to hold in the hand or easy to use when placed on a table should suffice.

Do you like to download your results to a computer?

Most of today's blood glucose meters are equipped with large memories that customers can use to store and review their results. For the more technologically minded most meters can be connected to a home PC onto which their results can be downloaded.

Software is available for customers to plot charts of their results, helping them look for trends so they can improve their results by modifying their treatment if necessary.

"Can you help me choose a blood glucose meter?"

Now see what you have learnt

Answer the quiz on the fold-in card then tear it off and return it to receive a certificate (that can form part of your continuing education) and a chance to win a voucher for one of 2 SPA Breaks.

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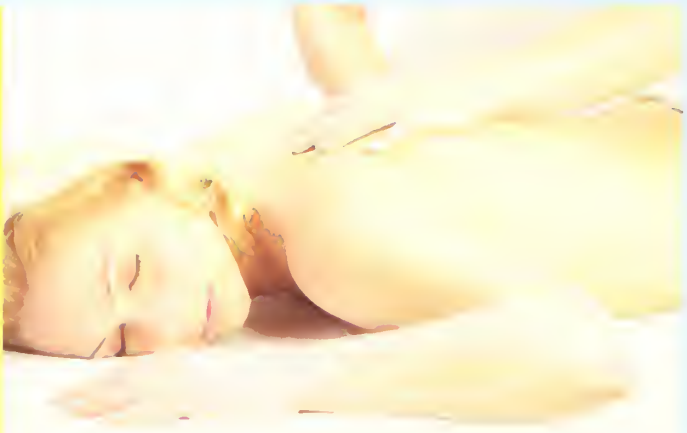

- Body massage – 1 hour
- Prescription facial – 30 mins
- Manicure (file & polish) – 30 mins
- Pedicure (file & polish) – 30 mins
- Lunch

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1. This competition is open to pharmacy staff aged 18 or over. You must be employed in a registered UK pharmacy.
2. Employees must have their employer's permission to enter.
3. Employees of Abbott Laboratories Limited, their families, agents and anyone directly connected with the promotion may not enter.
4. Abbott Laboratories can accept no responsibility for lost, delayed or damaged entries.
5. **The closing date for entries is 1st August 2006. All entries must be received no later than 1st August 2006.**
6. All correct entries will be included in a free prize draw. The two randomly selected winners will be notified as soon as possible after the closing date.
7. The winners will be offered one of two spa breaks as described above. No cash alternative is available.
8. Abbott Laboratories Limited reserves the right to substitute a prize of equal value if necessary.
9. A list of winners' names can be obtained by writing, after 1st August 2006, to Pharmacy Education Competition, Abbott Laboratories Limited, Abbott Diabetes Care, Mallory House, Vanwall Business Park, Maidenhead SL6 4UK. A stamped, self addressed envelope must be included with the request.
10. Winners may be required to participate in publicity.
11. By entering the draw all participants agree to be bound by these terms and conditions.

Abbott Diabetes Care

theoretically can interact with drugs that inhibit or are metabolised by this enzyme system. However, no interactions of clinical significance have been reported.

Although the incidence of sedation is extremely low for all three drugs, loratadine is less likely to sedate than acrivastine or cetirizine, and is the antihistamine of choice for people in occupations in which any degree of sedation is undesirable.[2]

Dosage

- Acrivastine: adults and children over 12 years, 8mg three times daily (not recommended for use in patients under 12 or over 65 years).
- Cetirizine: adults and children over 12 years, 10mg daily (not licensed for children under 12 years).
- Loratadine: adults and children over six years, 10mg daily.

Sedating antihistamines

There is no evidence of difference in effectiveness between older antihistamines (chlorphenamine, clemastine, promethazine diphenhydramine), although individual response to specific drugs varies widely. Choice is often based on personal preference and factors such as the degree of sedation caused and duration of action, which differ between compounds, are outlined in Table 3.

Table 2: Differentiating between hayfever and colds

Symptom	Allergic rhinitis	Common cold
Nasal discharge	Usually remains clear, and if it does become infected takes much longer to do so	Initially clear, but usually thickens and becomes purulent within a few days
Sneezing	Usually frequent and paroxysmal	Usually less frequent
Nasal itching	Common	Normally absent
Eye symptoms	Common	Normally absent
Duration of symptoms	Continue for as long as the sufferer is affected by the allergen (often several weeks)	About four to seven days
Onset of symptoms	Sudden, and occurring at the same time each year, when the causative allergen is in the air	Gradual onset, occurring of symptoms any time, but usually in the winter. Often associated with sore throat, mild pyrexia and, in the later stages, cough
Prevalence	Affects only isolated individuals	Highly contagious; other family members or acquaintances may be suffering at the same time and the infection will be quite common in the community

Table 3: Comparison of sedating antihistamines

Drug	Maximum duration of action (hours)	Degree of sedation	Dose	
			Adults (over 12 years)	Child
Chlorphenamine	six	Moderate	4mg three to four times daily	Six to 12 years, 2mg three to four times daily
Clemastine	12	Moderate	1mg twice daily	Six to 12 years, 0.5mg twice daily
Diphenhydramine	eight	High	25 to 50mg three to four times daily	Not recommended
Promethazine	24	High	25 to 50mg at night, or 10 to 20mg two to three times daily	Five to 12 years, 10 to 25mg daily

Combination products

Some oral products combine antihistamines with sympathomimetic decongestants and are marketed for nasal congestion associated with hayfever and the common cold. Antihistamines on their own are effective for treating the early phase symptoms. First-generation antihistamines reduce rhinorrhoea through their anticholinergic action but do little to relieve the nasal congestion associated with the late phase response; co-administration of a sympathomimetic decongestant may be helpful. Several trials have found antihistamine/decongestant combinations to be more effective than antihistamine alone.[3-5]

Continuing professional development

Reflect

June is a time when hayfever is common but how can you be sure that the person asking for something for a runny nose has hayfever rather than a cold? Do you know the duration of action of the antihistamines used to treat hayfever and which are the most likely to cause drowsiness? When would you refer hayfever symptoms to a GP?

Plan

If you read this article you should know the characteristic features of hayfever and how oral antihistamines are used. Next week's Pharmacy Update will complete the picture by considering topical treatments and perennial allergic rhinitis.

Act

- Many patients requesting advice on the 'best' systemic antihistamine to treat hayfever have used something previously. In your practice workbook, record what they have tried, with what results and why they wish to consider another treatment.
- When you have about 50 results, see if there is any common thread. Do these results influence your selection of the most appropriate drug?
- After this analysis, devise a protocol for selecting systemic antihistamines for patients with seasonal allergic rhinitis. What are the controlling factors?

Evaluate

Using this protocol, do you feel more confident that your recommendations are now more effective than before? Perhaps, a few days after issuing advice, try to ask patients whether they are now less affected by hayfever.

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the July 1 issue, which will cover this week's CPP-accredited module, together with those in the June 17 and 24 issues.
These will cover:
Hayfever part 1 (1371)
Hayfever part 2 (1372)
Managing diabetes (1373)
A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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Clinical news

A Practical Approach...

Bethany Straker

"Let's go over to the consultation area, we can talk privately there. Take a seat and tell me what's troubling you," pharmacist David Spencer says to Mrs Greene who has asked to talk to him about "an awkward problem".

"It's about Robert, my husband. He doesn't know I've come to see you, and I'm not sure he'd be very pleased if he knew, but I'm really worried about him. I think he might have prostate cancer," says Mrs Greene anxiously.

"What makes you think that?" asks David.

"Well, lately he's been getting up during the night to go to the toilet, sometimes two or three times. And I'm sure he spends longer in there than he used to. I was reading in a magazine about prostate problems, and it mentioned cancer. I've tried talking to Robert about it and told him that he should see our GP about having something called a PSA test that was mentioned in the article, but he just refuses to discuss it," replies Mrs Greene.

"Okay," says David, "how old is he?"

"Sixty three."

"And how long has this been going on?"

"A couple of months. If he won't go to the doctor, I wonder if there's anything you could let me have to help him. The magazine article mentioned some herb that's supposed to be very good for prostate problems," says Mrs Greene.

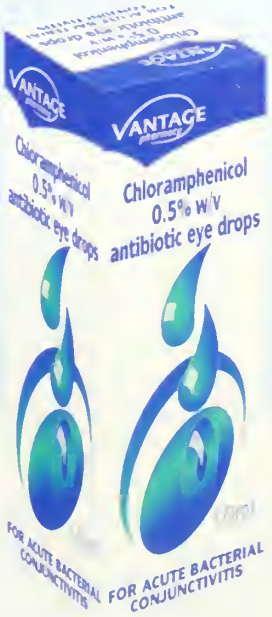
Questions

1. What is PSA and what is its role in diagnosing prostate cancer?
2. What is perhaps a more likely diagnosis in Robert Greene's case?
3. What is the herbal treatment that Mrs Greene mentions, and is it of any use?
4. What advice should David Spencer give?

CPD This article can help in the following CPD competencies: G1a, G1c, C1f, C3b. See www.tinyurl.com/194zu

VANTAGE

Open your eyes



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AAH

Vantage brand Chloramphenicol 0.5% w/v Antibiotic Eye Drops Product Information
Presentation: Eye drops, solution containing Chloramphenicol 0.5% w/v. **Indication:** Treatment of acute bacterial conjunctivitis. **Dosage and Administration:** For ocular use. Adults and children aged 2 years [illegible] affected eye(s) every 2 hours for 48 hours and then 4 hourly 5-day course during waking hours only. **Contraindications:** Allergy to any ingredients, blood or bone marrow problems. **Precautions:** Should not [illegible] breastfeeding or in children under 2 years. Prolonged use not advised. 5-day course unless instructed otherwise. Medical advice required if symptoms worsen or do not improve after 48 hours. Requiring [illegible] recommended when: severe eye pain, disturbed vision, photophobia, unusual pupil or cloudy eye, associated pain or swelling around eye or face, recent conjunctivitis, glaucoma, dry eye syndrome, eye [illegible] eye, concurrent eye drops/ointment, eye surgery or laser treatment in last 6 months, using contact lenses. **Interactions:** chymotrypsin, drugs which depress bone marrow function. **Side effects:** mild stinging [illegible] or inflammation of skin (dermatitis), eye drop taste. Rarely: bone marrow depression, anaemia, grey baby syndrome. After prolonged use: skin irritation, changes to surface of eye/lens, ineffective eye drops. **Storage:** [illegible] fridge) **Legal category:** P. RSP: 10ml - £4.29 MA No.: PL 00156/0109. **MA Holder:** Martindale Pharmaceuticals Ltd, Bampton Road, Romford RM3 8UG. **Date of preparation:** June 2005

Practical approach... last week's answers

1. None, as methadone is a Schedule 2 CD it must be supplied exactly as prescribed. However, if the prescription has the wording: "Instalment prescriptions covering more than one day should be collected on the specified day; if this collection is missed the remainder of the instalment (ie, the instalment less the amount prescribed for the day(s) missed) may be supplied," Wednesday's and Thursday's instalments can be supplied. Without this wording, Alix will need a fresh prescription to obtain supplies before the next prescribed instalment on Friday.
2. Yes, but David should take steps to ensure that Alix has authorised the representative to collect his supply and that the authorised individual is the person collecting. From this summer (exact date not yet known), pharmacists will be legally required to record in the CD register whether or not they asked for proof of identity of someone collecting a CD Schedule 2 drug, although it will not be compulsory to ask for it.
3. No. As in 1. David may only supply exactly as prescribed. RPSGB Code of Ethics Part 3: Service specifications, 19 d),Services to drug misusers, specifically states this in relation to sugar- and colour-free products. In order to supply the sugar-free version the prescriber would have to specify it on the prescription.

Low libido drug gets the ok

Testosterone treatment for low libido in women has been given a preliminary green light by the European drug regulator.

The European Medicines Evaluation Agency's Committee for Medicinal Products for Human Use (CHMP) adopted a positive opinion on Intrinsa and Livensa, developed by Proctor & Gamble for the treatment of hypoactive sexual desire disorder in women who have had their uterus and ovaries removed. The committee also found in favour of Competact (pioglitazone plus metformin) for type 2 diabetes and Thelin (sitaxentan sodium) for pulmonary arterial hypertension.

Two licence extensions were recommended by CHMP: Mabthera (rituximab) for severe active rheumatoid arthritis in adults who have inadequately responded to, or are intolerant of, other disease modifying antirheumatic drugs, including one or more anti-TNF therapies; Remicade (infliximab) for psoriatic arthritis. In addition, the committee reversed its previous negative opinion on Atryn (antithrombin alfa), making it the first product made from genetically modified animals to gain EMEA approval.

For more information:
www.emea.eu.int

In brief

Zostavax

A European marketing authorisation has been granted for Zostavax, a vaccine for the prevention of shingles and post-herpetic neuralgia in adults aged 60 and over. As the approval relates to a formulation that requires storage in frozen facilities, the manufacturer has said it intends to file for a licence for an equivalent product that requires refrigeration. For more information, contact Sanofi Pasteur MSD on 01628 785291.

Singulair

Singulair (montelukast) may now be used for children aged two to 14 years with mild persistent asthma who do not have a recent history of serious attacks requiring oral corticosteroids, and who cannot use inhaled corticosteroids. For more information, contact Merck Sharp & Dohme Ltd on 01992 467272.

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If your customers are planning a baby, recommend Pregnacare®. Each tablet safeguards the diet with the recommended 400mcg folic acid, important for the first weeks of life, plus a careful balance of nutrients to help give babies a healthy start. It's the prenatal brand most recommended by midwives, so you can recommend it with confidence. Pregnacare® - it's possibly the most important supplement your customers will ever take.

The UK's most trusted formula for conception, pregnancy & breast-feeding

NATIONAL ADVERTISING CAMPAIGN STARTS NOW!

Pregnacare® 30's, 90's & Pregnacare® Cream for stretching skin, available from your wholesaler.
For more information, please contact Vitabiotics on 020 8955 2662 or visit **www.pregnacare.com**

Chloramphenicol eye drops join AAH's own label

Vantage Chloramphenicol 0.5% w/v antibiotic eye drops for acute bacterial conjunctivitis are now part of AAH Pharmaceuticals' own label range.

Free training booklets, plus a limited quantity of free point of sale material is available to pharmacies to promote the product.

For adults and children over two years, a five day course of treatment is recommended, with one drop in the affected eye(s) every two hours for the first 48 hours, then every four hours. The product is classified as a Pharmacy medicine and requires refrigeration.

Price: £3.89 10ml bottle
AAH Pharmaceuticals Ltd
Tel: 02476 432000

Depend on Poise pads

Kimberly-Clark is rebranding Poise pads and pants for bladder weakness to bring them in line with the USA and the rest of Europe.

The products will now be called Depend to reflect the positive effect they have on patients' lives. Rebecca Hirst, Depend brand manager, said: "Depend does not focus on the 'problem' but on the freedom that practical, trusted solutions to bladder weakness can bring."

There are five pads in the range: Depend Ultra Mini, Depend Mini, Depend Normal, Depend Normal Plus and Depend Extra.

During the brand transition, packaging of the current Poise product will feature a sticker explaining the name-change to Depend.

The new products will be endorsed on pack by the charity InContact, which provides information and support for people with bladder and bowel problems. The charity's logo and web address will be included on the packaging.

Kimberly-Clark is also supporting the rebrand with a multi-million pound marketing campaign in consumer and trade magazines with the strapline, 'Depend Live Life'.

Product info:
Kimberly-Clark Ltd
Tel: 01732 594000
www.kimberly-clark.com

Tena Lady Mini is Magic

Tena Lady Mini Magic has been added to the Tena Lady series of bladder weakness products.

Each super-slim Mini Magic pad contains 'magic crystals' which the company claims absorb liquid faster and neutralise odour. A cotton layer quickly draws moisture through tiny funnel shaped channels in the surface layer, leaving the top layer dry and fresh so that there is no irritation to the skin from acidic surface moisture.

The company claims the discreet product is eight times drier than a pantyliner of the same size.

Product info:
SCA Hygiene Products
Tel: 01582 677400
www.tena.co.uk

Price: £3.23/pack of 34
Pip code: 320-1183

Macleans shines on TV

A £2.3 million national TV campaign for Macleans White & Shine is airing from June to mid August.

The 20-second advertisement uses models and a computer-generated product demonstration to focus on the dual action of the toothpaste, which whitens and polishes. The ad ends with the strapline 'Don't Just Whiten – Shine'.

There are also product and pack enhancements – a new white stripe runs through the paste and an on-pack flash supports the dual action claim.

The Macleans brand will also be supporting the Run for Life initiative, in aid of Cancer Research. It will make a cash donation and offer 148,000 Macleans White & Shine samples to runners to encourage them to try the toothpaste.

Product info:
GlaxoSmithKline Consumer Healthcare UK
Tel: 0845 762 6637

Flixonase posters

A £500,000 poster campaign in support of Flixonase Allergy Nasal Spray containing fluticasone will run throughout June and July to coincide with the peak hayfever season.

The campaign is a return of three ads which challenge misconceptions about nasal sprays and explain that Flixonase Allergy can treat all hayfever symptoms – including itchy eyes and grogginess – with a single dose each day.

Product info:
GlaxoSmithKline Consumer Healthcare UK, tel: 0845 762 6637

WE DELIVER THE FASTEST ALLERGY RELIEF.*

***Benadryl delivers two unique formulations containing acrivastine which get to work faster than any other capsule or tablet.**

DO YOU KNOW . . . 74%** of your customers will have a blocked nose as a symptom of allergy and only Benadryl Plus has added decongestant

DO YOU KNOW . . . Benadryl will be supporting you this season with a £4 million high-profile campaign including TV and outdoor

So now you do know what Benadryl delivers, stock up today.

**74% of sufferers experience a blocked nose as part of their symptoms (U&A 2005)

www.allergyadvice.co.uk

Pfizer Consumer Healthcare

Benadryl Allergy Relief (GSL) Product Information: **Presentation:** Acrivastine 8 mg. Uses: Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged 12-65 years: one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additional impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy and lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-VAT):** 12s, £3.70 **Legal category:** GSL **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005 **Benadryl Plus Capsules Product Information: Presentation:** Acrivastine 8mg and pseudoephedrine 60mg **Uses:** Allergic rhinitis **Dosage:** Adults and children 12-65 years: One capsule as necessary, up to three times a day. **Contraindications:** Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease; those who have taken MAOI's within preceding 14 days. **Precautions:** Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostatic enlargement. It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol or other CNS depressants. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of [illegible] other CNS depressants may be enhanced. **Pregnancy and lactation:** Not recommended. **Side effects:** Rarely drowsiness, CNS excitement, urinary reaction, skin rash. **RRP** (ex-VAT) 12s £4.25, 24s £7.65 **Legal category:** P **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0017 **Date of Preparation:** Dec 2004

Daktarin steps up for TV turn

Daktarin Dual Action is appearing on TV this month in a three month-long campaign.

Featuring a range of athlete's foot sufferers, the advertisement shows how using the spray powder on the feet and inside shoes helps treat and prevent the condition.

The advert will be seen on satellite and terrestrial channels throughout June, with satellite screenings continuing until the end of August.

Manufacturer McNeil expects the advert to reach over 85 per cent of its target audience of adults aged 16 to 44 years.

Containing miconazole nitrate, the Daktarin Dual Action range is effective against the three main strains of fungus that cause athlete's foot, says McNeil.

Product info:
McNeil Ltd
Tel: 0800 032 8258

Products advertised on TV next week

Aquaban, Aquaban Herbal: GMTV, five, Sat
Aquafresh: All areas except U, CTV, GMTV, Sat
Arm & Hammer Enamel Care: All areas
Astral All Over Moisturiser : C4, five, GMTV
Breathe Right nasal strips: All areas
Buscopan IBS relief: C4, GMTV, Sat
Daktarin Dual Action: All areas
Lamisil Once: All areas except GMTV
Listerine Advanced Tartar Control Mouthwash: All areas
Lucozade Hydro: All areas except U, CTV, GMTV, Sat
Macleans: All areas except U, CTV, GMTV, Sat
Piriton: All areas except U, CTV, GMTV, Sat
Rennie: All areas except CTV
Sensodyne: All areas except U, CTV, GMTV, Sat
TCP Spray Plaster: All areas
Wartner Wart & Verruca Remover: G, Y, C, M, CAR, Sat
PharmaSite for next week: Full Marks – Windows, **Full Marks –** In-store, **Refresh –** Dispensary
Pharmacy channel: Eurax, Isovon

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

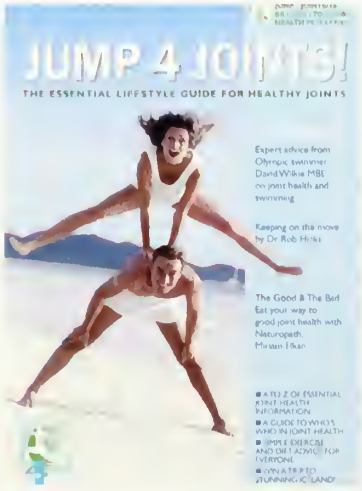
Joint initiative

Jump 4 Joints! is a consumer awareness campaign developed by Health Perception to promote good joint health.

To improve joint knowledge, the company is kicking off its campaign with the launch of a free 24-page information booklet targeting men and women aged over 30. Covering diet and exercise, readers also have the chance of winning a luxury spa break in Iceland. Further activity is planned for later in the year.

The booklet will be publicised through a marketing and PR campaign and features in all Health Perception's national advertising.

Product info:
Health Perception Ltd
Tel: 01252 861454
www.jump4joints.co.uk
E: queries@health-perception.co.uk



Billy Boy's a film star

Cinema advertising for GlaxoSmithKline's Aquafresh brand is running from now until early September.

Starring Billy Boy and his pyjama-clad family, the cartoon focuses on the brand's familiar three stripes. It will be screened alongside family films including 'Cars', 'Garfield 2' and 'Over the Hedge'.

The activity will be backed by TV advertising from July until September which, as well as Billy Boy, will include creatives supporting the Aquafresh Extreme Clean toothpaste and tooth and tongue brush.

Support this year for Aquafresh comprises £1.5 million on the core range and £3.5m on the Extreme Clean franchise, says GSK.

Product info:
GlaxoSmithKline Consumer Healthcare, tel: 0845 762 6637

Spreading the skincare word

Skincare company Vichy has given its backing to a sun awareness campaign targeting children.

The Killing Skin Cancer campaign is being run by the Killing Cancer charity, backed by an educational grant from Vichy.

A 10 point plan for better sun awareness has been created which includes advice to know your skin type, keep out of direct sunlight between 11am and 3pm, and to use products with the right balance of UVA and UVB protection. The full list can be viewed on the campaign's website. An educational CD, posters and leaflets are being distributed to schools with the hope that pupils will take the messages home and improve the whole family's attitudes to sun protection.

Celebrity supporters of the campaign include Chris Tarrant, Linda Lusardi and teen pop band Clea.

The Killing Cancer charity funds research and promotes the use of photodynamic therapy, a non-invasive treatment for skin cancer.

Product info:
www.sunawareness.org
Email: gp.killingcancer@virgin.net

Emeside®

(ethosuximide)

Control of absence seizures and myoclonic seizures

Both **Emeside Capsules** and **Emeside Syrup** can be obtained through mainline pharmaceutical wholesalers

Capsules containing 250 mg ethosuximide

Syrup containing 250 mg ethosuximide per 5 ml

Capsule and syrup presentation
For children, adults and the elderly

Emeside Capsules*56: PIP: 232-1032 Prosper: 053181 Link: EME92B
Emeside Syrup*200ml: PIP: 099-2412 Prosper: 019000 Link: EME28S

Emeside Capsules and Syrup

Abbreviated Prescribing Information

Name: Emeside Capsules, Emeside Syrup.
Presentation: Capsules: Clear oval soft gelatin capsule containing 250 mg ethosuximide Syrup: blackcurrant flavoured syrup containing 250 mg/5 ml ethosuximide.
Indications: Selective control of absence seizures (petit mal) even when complicated by grand mal. Myoclonic seizures.
Posology: Adults, the elderly and children over 6 years: Initially 500 mg daily with increments of 250 mg every five to seven days until control is achieved with 1000-1500 mg daily. Occasionally 2000 mg in divided doses may be necessary.
Children and infants under 6 years of age: Initially 250 mg daily increasing gradually in small increments every few days until control is achieved. Maximum dose 1000 mg.
Contraindications: Hypersensitivity to succinimides. Porphyrias. Exercise caution with regular appropriate tests in patients with hepatic and renal disease and monitor drug plasma concentrations.
Special Precautions: If Emeside is being substituted for another anti-epileptic drug, the latter must not be withdrawn abruptly but replacement made gradually with overlap of the preparations otherwise petit mal may break through. Emeside should be withdrawn slowly when another drug is to replace it. Brush teeth or rinse mouth after taking Emeside syrup.
Interactions: Plasma ethosuximide concentrations may be reduced by carbamazepine, primidone, phenobarbitone and lamotrigine and increased by isoniazid. No consistent changes in ethosuximide levels occur when used in combination with phenytoin or sodium valproate. Phenytoin levels may be increased by concomitant ethosuximide.
Pregnancy and lactation: There is a recognised small increase in the incidence of congenital malformations in children born to mothers receiving anti-convulsants. In women planning pregnancy or who are already pregnant the risk should be weighed carefully against the benefit of treatment. Ethosuximide may be excreted in breast milk, mothers receiving ethosuximide should not breast feed.
Effects on ability to drive or operate machinery: High dosage may cause sedation or confusion.
Undesirable effects: Nausea, vomiting, anorexia, epigastric pain are common at first and generally subside. Unusual effects: headache, fatigue, drowsiness, dizziness, ataxia, dyskinesia, hiccough, photophobia, depression and skin rash. Isolated reports: erythema nodosum, erythema multiforme, agranulocytosis and aplastic anaemia. Lupus like reactions have been reported in children varying in severity from systemic immunological disorders including nephrotic syndrome to asymptomatic presence of antinuclear antibodies. See Summary of Product Characteristics for more details.
Legal category: POM
Pack size and price: Capsules 56 capsule pack £38.23; Syrup: 200 ml bottle £6.60.
PL number: Capsules: PL17736/0085; Syrup: PL17736/0086.
Marketing authorisation holder: Chemidex Pharma Ltd, Egham Business Village, Crabtree Road, Egham, Surrey TW20 8RB from whom further information may be available on request.
Date of preparation: March 2006.

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Chemidex Pharma Limited.

CHEMIDEX PHARMA

For further information, please contact: Chemidex Pharma Limited, Chemidex House, Egham Business Village, Crabtree Road, Egham, Surrey TW20 8RB.

Veet seeks wax virgins

Veet is hoping to attract new users with advertising for its Ready to Use Wax Strips.

The £3 million campaign comprises four TV ads and sponsorship of the ITV1 programme Emmerdale.

The creatives feature comedian Sarah Hadland and take a light-hearted approach to hair removal, by outing 'wax virgins'. They will be screened until the end of August.

Other strands of the marketing strategy include press advertorials and promotions, in-store activity and sampling.

Product info:
Reckitt Benckiser Plc
Tel: 01482 326151

BR offers BP monitors

The UEBE range of blood pressure monitors from Germany is being distributed in the UK by BR Pharmaceuticals.

The three monitors in the range are the Visiomat Handy IV portable wrist model, the Visiomat Comfort II upper arm model and the Visiomat Comfort 20/40 designed for patients with large upper arms. All carry a three year manufacturer's guarantee.

As an introductory offer, pharmacists can buy any four models for £99, offering 41 per cent profit on return, says BR Pharmaceuticals.

• BR Pharmaceuticals is celebrating its 10th anniversary. Supplier of the Valupak VMS range and Reveal hom diagnostics range, the company was set up with an initial investment of £25,000. Valupak is now the leading VMS brand in independent pharmac and the fourth largest VMS brand by volume in the UK (source: TNS December 2005).

Price: £49.99
BR Pharmaceuticals Ltd
Tel: 0845 2320 1499

Eucerin backs eczema charity

Eucerin Dry Skin has joined forces with the National Eczema Society in a year-long partnership.

The brand is to become the main sponsor of the charity's website which includes information about the benefits of urea-based emollients. A link will take visitors to the Eucerin website where samples can be requested. Eucerin plans to fund "increased exposure and awareness" around National Eczema Week, which runs this year from September 16 to 23.

Product info:
Beiersdorf UK Ltd
Tel: 0121 329 8800
www.eczema.org

See no evil...

Men's health suffers primarily from its own neglect. If only men would listen to advice and take responsibility...

Steve Bremer

Men are traditionally uncommunicative and bad at taking advice, according to women anyway. But their unwillingness to seek help and their lack of interest in health advice from standard sources is one of the main reasons that their health is not as good as women's.

Men need their healthcare messages delivered in an attractive format and in less intimidating situations, and they want their healthcare professionals to be more accessible and understanding. If all these criteria are met there is a chance that they might listen to good advice and take steps to improve their health.

Pharmacies' high street location, convenient opening hours, appointment-free system and confidential advice should make them attractive to men, says Peter Baker, chief executive of the Men's Health Forum. "There is huge potential here because the pharmacist has become the sort of service that men prefer to use," he says. "Pharmacists have the potential to become a very valuable resource."

Mr Baker describes pharmacists' role in men's health as "extremely important", but currently an under-used resource as more women use pharmacies than men. In order to appeal more to men, pharmacists must market their resources more effectively, he says.

Most window displays and shop layouts appear to be aimed primarily at women. But pharmacies could become more attractive to men by using their window displays creatively, displaying more men's health leaflets and posters, offering services like MOT check-ups and taking part in health campaigns aimed at men.

The MHF is discussing setting up a project with the Royal Pharmaceutical Society that would look at precisely these sorts of issues. "We're trying to do a project which will find ways in which pharmacies can be more attractive to men," says Mr Baker.

Men need some encouragement to discuss their health, says Miriam Armstrong, chief executive of PharmacyHealthLink. "Men are generally perceived as only visiting a GP or a pharmacist when their symptoms become so unbearable that they think that they are about to die," she says.

Ms Armstrong suggests that pharmacies should have information touch screens and more private consulting areas to make them more inviting to men. "The problem in many pharmacies is that the pharmacist is unavailable, that is, hidden away in the dispensary, and the counter assistants are predominately female, so unless men are very outgoing and confident they are unlikely to ask about any sensitive problems directly, especially those occurring below the belt."

The way to encourage men to ask more questions is for the pharmacy environment to minimise embarrassment and maximise convenience, says Ms Armstrong. "And this will be at least partly achieved by pharmacists themselves being more accessible and approachable."

Men's poor health

- Men are twice as likely as women both to develop, and to die from, the 10 most common cancers affecting both sexes.
- Three times as many men than women die from suicide.
- Men are significantly more likely than women to be overweight or obese, making them more likely to suffer from coronary heart disease, metabolic syndrome and cancer.
- Men under the age of 45 visit their GP half as often as women.
- Chlamydia infection is equally prevalent in both sexes but during the first full year of the National Chlamydia Screening Programme, 13 times as many women were screened and treated.
- Prostate cancer has overtaken lung cancer as the most common cancer among men in the UK.
- One man dies every hour as a result of prostate cancer in the UK.
- The incidence of testicular cancer has risen dramatically in the past 20 years and currently 2,000 new cases are diagnosed each year, yet only 28 per cent of men regularly check themselves for symptoms.
- If diagnosed at an early stage the recovery rate from testicular cancer is 95 per cent.

Men's Health Week, June 12 to 18

The theme for this year's Men's Health Week is [illegible] mental wellbeing. A range of national events and activities are planned that will [illegible] and draw attention to work going on at a local level. On an international level, events will be held in Australia, the USA, Hong Kong, Iceland and Denmark.

MHF has published 'The Brain Manual' to support Men's Health Week. Presented in the Haynes car manual format, it is "the definitive guide to men and mental health – not only will the content be comprehensive but the design will also be well-suited to a male readership".

Key parts of the manual will be posted on the MHF website for use by health professionals and others working with men. Manuals are available in multiples of 20, at £8.00 each. Mini-manuals in an A5 leaflet format cost £3.50 each.

Mr Baker has some ideas about how pharmacists can contribute. "I'd like to see pharmacists putting posters in their windows, offering MOT checks and going out into the community settings, eg working men's clubs. There's a lot of stuff that people can do with a bit of imagination. From a commercial point of view its worth getting involved. There's an opportunity to sell more and contribute to men's health."

Getting the messages across

One of the main barriers to improving men's health is getting the right messages to them. And their workplace is an ideal place to target the captive audience. The MHF has urged the government to do more in the workplace. The Forum has written to Professor Dame Carol Black, the government's new national director for health and work, urging her to make sure that employers, trade unions and the government seize the opportunity to tackle men's health inequalities through the workplace.

Mr Baker said: "We shall be seeking an early meeting with Dame Carol Black to discuss how we can take forward the work we have done with Royal Mail, BT and others, using the workplace for delivering health promotion to men and helping to improve their lifestyle."

The Forum has shown that well targeted action and messages to men in the workplace can make a significant difference to their health. Workplace initiatives have been shown to:

- increase men's awareness of prostate disease
- help them to lose weight
- increase physical activity levels, and
- encourage men to take part in chlamydia screening.

A good example of a scheme delivered through pharmacy is the health check scheme running in Knowsley PCT (C+D, April 15, p10). Men aged 50 to 65 are invited to have a 30 minute blood cholesterol and glucose check, lifestyle assessment and advice session. Over 150 men have had an MOT, which is funded as an enhanced service.

Of the men who used the service, 30 per cent claimed not to have used the pharmacy for advice before and half said they would not have gone to their GP for such a check.

Melanoma deaths soar

The number of men dying from melanoma in the UK has exceeded 1,000 a year for the first time. This represents a 31 per cent increase in the last decade. More men than women die from this form of skin cancer, and one of the reasons for this is men's failure to check out suspect moles, according to Cancer Research UK. Almost 60 per cent of men never check their backs to see if existing moles have changed or if new ones have appeared. The under 24s and over 65s are least likely to visit a doctor if they notice any mole changes.

Almost 70 per cent of men do not think they are at risk of skin cancer, even though a third admit to having been sunburnt. More than 30 per cent would not visit a doctor if they noticed any change in their moles. Men are significantly less knowledgeable than women about skin cancer protection measures and are less likely to do something to protect themselves.

Although fewer men than women are diagnosed with malignant melanoma, more men die from it.

Research suggests that this is largely due to the cancer not being diagnosed until a later stage. Melanoma is the second most common cancer in UK males aged 15 to 39. Campaign posters and leaflets about detecting skin cancer are being distributed to all health professionals.

Male Cancer Awareness Month

This month is the ninth annual Everyman Male Cancer Awareness Month, which aims to raise awareness of, and funding for research into, testicular and prostate cancer.

Everyman, which is an Institute of Cancer Research campaign, hopes to raise over £500,000 throughout the month through links with retailer Topman and Asda and celebrities including Frank Skinner and Darren Gough. Everyman proposes that pharmacists can help raise awareness by knowing the signs and symptoms of testicular and prostate cancer and helping to educate men and their partners about these diseases.

Alison Morgan, communications manager at th campaign, says: "Pharmacists play a big role in helping to educate men and their partners about male cancer, as do the many nurses and health workers who contact us regularly for information By making men aware of the signs and symptoms of testicular and prostate cancer we can encoura early diagnosis, which can ultimately lead to mor lives being saved. Testicular cancer is 99 per cent curable if caught early enough, which is why it is so important for men to be aware of the symptoms and to visit their GP as soon as possible for a full diagnosis."

Beat male stress with a probiotic

Men's lives are becoming increasingly stressful, a their health could be suffering as a result. Over a third of men said they found life 'stressful' or 'extremely stressful', according to a YouGov survey, with 45 per cent saying the demands on their time at work and elsewhere had increased i

Information leaflets about testicular and prostate cancer are available from Everyman on 0800 731 9468.

Understanding men's feelings

Not all men are unable to talk about their feelings, according to a study of male depression. The study, published in Social Science & Medicine, suggests that generalisations about depressed men always being silent are misleading.

A member of the research team, Dr Carol Emslie, says: "As part of recovery from depression, it was important for men to reconstruct a valued sense of themselves and their own masculinity. The most common strategy was to incorporate values associated with traditional masculinity into narratives (such as re-establishing control). While this aided recovery for some men, for others the pressures of traditional masculinity could be seen as contributing to suicidal behaviour. In contrast, a minority of men had found alternative ways of being masculine, and constructed their 'difference' (enhanced creativity and sensitivity) from other men as a positive feature."

The study's authors suggest that health professionals should be aware of the issues raised by men's narratives which emphasise control, strength and responsibility to others.

Men may trade competence in one 'masculine' domain for competence in other domains, according to a study funded by the National Health and Medical Research Council and the Economic and Social Research Council. Thus, men who feel inadequate in one domain may try to make up for this by gaining credit through drinking excessively. And men who feel competent in one 'masculine' domain may be able to use this as credit to resist pressure to engage in unhealthy 'masculine' behaviours such as binge drinking.

This study shows that there are no simple links between masculinity and health. Men are actively involved in the development of their masculine identities. Health related behaviours such as sport, drinking, drug use and sex can all be important ways in which young men test and display their masculinity.

With the summer season approaching, Canesten AF range can be used to clear up athlete's foot. Pharmacists should advise against walking barefoot in communal areas, ie changing rooms and around pools. Canesten AF comes in cream, spray and powder form. Ceuta Healthcare, tel: 01202 780558.

Multibionta is flagging up YouGov's survey results, which found that most men believed their quality of life could be improved if they had more energy. Taking a probiotic was recommended by the head of the Food Microbial Sciences Research Unit.

the last year. This survey is being highlighted by Multibionta Activate (see picture above).

Most men believed their quality of life could be improved if they had more energy, and one way to boost energy levels is by taking a probiotic multivitamin, says Professor Glen Gibson, head of the Food Microbial Sciences Research Unit and head of food microbiology at the University of Reading. Yet 43 per cent of men are unaware of the benefits of probiotics.

"Ten per cent of our energy actually comes from the friendly bacteria which exist in our bodies," says Professor Gibson. "Topping up with a probiotic multivitamin is a great way to ensure we keep our energy levels up. I would recommend that all stressed-out, busy men try taking a probiotic multivitamin and see if it makes a difference to the overall quality of their lives – including performance at work, energy levels and general sense of wellbeing. I believe it will."

Philosophy, politics and pharmacy

Delegates attending the AAH 2006 Convention in Athens this week were told of the need to engage with PCTs and IT to optimise success in the developing NHS

Athens provided the backdrop to some wide-ranging discussions on the future of pharmacy

Steve Dunn:

Nice – "This should really be called 'nasty' – 'Not Available So Treat Yourself'."

NHS strategy – "The government is failing in its implementation. Its increasingly frantic attempts to make something, anything, happen in the NHS results in a constant stream of initiatives, many of which conflict with previously issued edicts ... the vision has run ahead of the organisational ability to implement it and constant tinkering with the organisation only serves to exacerbate the situation."

The health budget – "We live in a world where vision and budget don't align."

Charles Gladwin

Beware of losing out to others

Pharmacy needs to make the most of the current changes within the health service, otherwise other health professionals will access funding that could go towards pharmacy services, Steve Dunn, group managing director for AAH Pharmaceuticals, has warned.

Predicting there will be continued government intervention in healthcare, he said that the "chaos" that many PCTs are in and the scarce funding for pharmacy initiatives is a situation that cannot be allowed to continue for long. And assuming there will be continued pressures on NHS costs and further movement of funds towards service provision and PCT commissioning, pharmacy has to be ready to seize the initiative, he argued.

In due course pharmacy will become a service-providing business, earning a growing proportion of its revenue that way, he said. "But this current situation provides opportunities. If the government seeks greater efficiencies and less expenditure on expensive hospital stays, then this is a situation that pharmacy – with its ease of access, community knowledge and, soon, prescribing powers – can capitalise on. Now is a propitious time to position pharmacy firmly as a potential ally in driving government's vision."

To do this, pharmacy needs to be able to deliver and provide the services that are increasingly going to be required from it, he said.

"If it fails in this, then there is a long queue of people who wish to access that money – doctors, nurses, other healthcare specialists and private providers. The money and the activity will be gone forever, to the detriment of pharmacy and pharmacists."

Emphasising the point, Mr Dunn quoted US military chief of staff, General Eric Shiseki: "If you don't like change, you're probably going to like being irrelevant less."

Foundations near completion

The changes that have been taking place within pharmacy and the NHS are only now starting to complete the foundations for the future. But to underpin these changes in practice, there is a need to change the rules which govern the way in which pharmacists work, said Keith Ridge, the chief pharmaceutical officer for England.

In his first address as CPO to a community pharmacy audience, Dr Ridge said that the proposed Section 60 Order changes will strengthen professional regulation. The Health Bill currently before Parliament, includes proposals on supervision and the role of the pharmacist, as well as aiming to set up a framework for how the law will be implemented. Patient safety is prominent, he said, but pharmacists will also need to develop

> There is a need to change the rules which govern the way in which pharmacists work

new front line roles that may be away from the pharmacy itself.

"Can this be done? Yes, this is very possible," he said, but it will require innovation. While some fe that this may mean there will be pharmacies without pharmacists present – "I don't think it wi make good business sense" – it is a real opportunity for pharmacists to use all the skills that they have been trained for, he said.

While there will be future changes to how healthcare is organised, pharmacists need to gras the opportunities. To do this, when current tasks such as dispensing of prescriptions still needs to

continue, it means "we need to think more radically", he said. "You should not be afraid of the principles being proposed in the Health Bill."

Technology will play a part, allowing a more open and flexible system of practice, but the profession will also have to demonstrate to the public why pharmacists should be regarded as the medicines experts, something that needs professional leadership from a national down to a local level. This requires collaborative leadership; organisations working together round a core set of principles for the benefit of patient care.

Gary Lunt believes that the increased use of IT will lead to more reliance on systems providers

Using IT to free up time

The way pharmacy operates after the introduction of the second phase of the electronic prescribing service in England will be radically different, both for patients and pharmacists, said Gary Lunt, AAH sales director. Much more use will be made of IT to support ETP, and this will mean that there will be a significantly increased reliance on systems providers, he said.

"There's going to be a radically different way of deployment. This is a critical system," he said, explaining that with so much data and information being processed and shared electronically – from prescriptions and MUR records to reimbursements – pharmacists will need one complete supply chain information system. Pharmacists might even need some sort of further accreditation before the new system is deployed, he anticipated.

The first phase of ETP in England and e-MAS in Scotland is already impacting on work processes, something AAH is addressing in its Link Evolution pharmacy system. To assist training on this, AAH will soon be introducing a training website and CD, and will be supporting this with workshops on effective use of computer functionality.

"The issue is that everyone assumes everyone can cope with these demands, but it is labour intensive," he said. However, AAH believes that Link Evolution will help free up pharmacists' time for the expanding range and volume of services, while also improving the patient experience.

There will be more coverage of the AAH Convention in next week's issue

Dr Keith Ridge:

- Community pharmacists need to take part in a minimum of six public health campaigns each year. "Taking part in six campaigns driven by PCTs is one thing, but why not do more? There's a men's health campaign coming up; why not get involved?"
- Pharmacy "seems to be becoming the first port of call" for emergency hormonal contraception.
- Tackling pandemic flu: "I have no doubt that community pharmacy will play a role. We will be meeting with pharmacy organisations shortly to discuss this."

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The Association of the British Pharmaceutical Industry has appointed Natacha Deschamps-Smith (far right) to the new position of policy and project manager. In addition, Jeremy Way (second from right) joins as head of membership services and development.

Satish Patel has joined KMI from perfumer Penhaligons to work on the Ted Baker brand, particularly the Bodywear range, which is exclusive to Boots.

Charlotte Broadbent joins Coty Prestige on June 12 as marketing manager for designer fragrances.

GR Lane Health Products, the herbal medicine manufacturer in Gloucester, has appointed Jonathan Groves (second from left) as trade marketing executive.

Celldex Therapeutics, the developer of antibody products to target and stimulate the immune system, has appointed Thomas Davis as chief medical officer and vice-president – clinical development. In addition, Tibor Keler has joined the company as chief scientific officer and vice-president, research and development.

Kent Pharmaceuticals has appointed Paul Forster-Jones (far left) to the newly created position of deputy managing director. He joins from AAH, where he was trading director.

Dennis Malamatinas has resigned from the board of Alltracel Pharmaceuticals, while Dr Pat Fottrell joins as non-executive director.

Relief United Co-op pharmacist Kathryn Challinor is seen here (left) testing the blood pressure of one of 300 people to be 'cuffed' during a recent Stroke Awareness Day. The day formed part of an annual Rotary Club initiative, during which pharmacists around the country were approached to carry out blood pressure testing on shopping centre customers

On a cold and windy May day, the third Alliance & Leicester Commercial Bank annual golf competition for NPA members took place at Fulford Heath golf course in the West Midlands. Sixteen golfers braved the elements and Kish Patel, Lawton Pharmacy (pictured third on the left) was declared the overall winner

Middle-aged Britons prove healthier than Americans

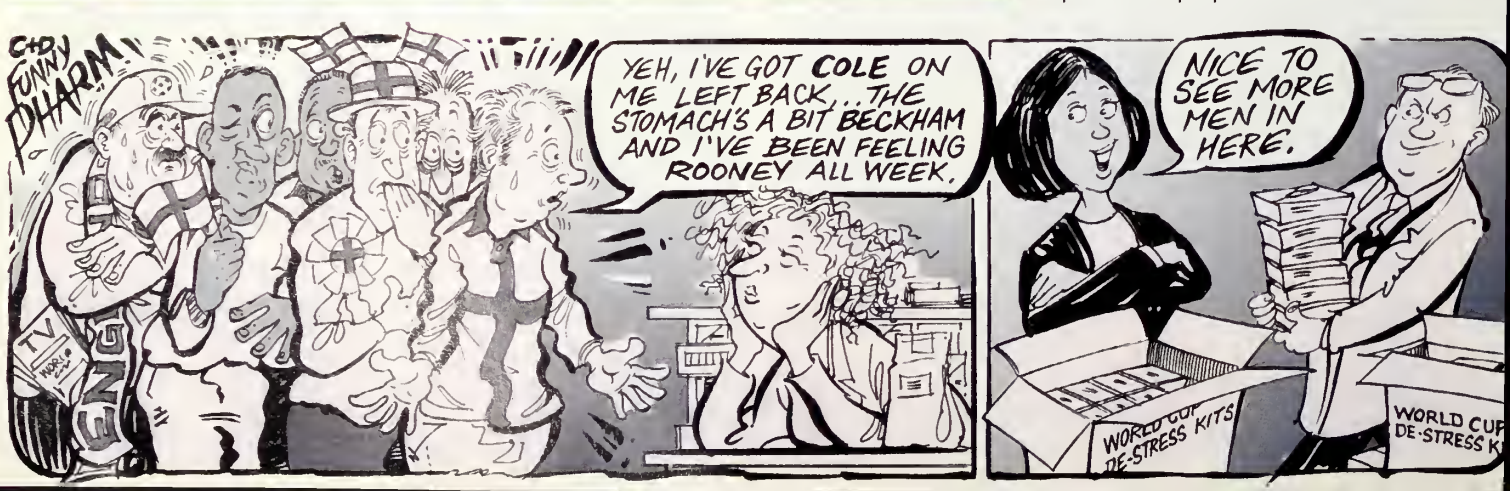
Middle-aged people in Britain are healthier than their American cousins, even though the USA spends considerably more money on healthcare per person (£2,850) than the UK (£1,170), according to a study in the Journal of the American Medical Association.

The research found that rates of diseases such as diabetes and high blood pressure among Americans between 55 and 64 were up to twice as high (12.5 per cent) as those in England (6.1 per cent). Americans also had higher rates of heart disease, heart attacks and strokes.

The number of smokers in this age group is similar in both countries at one in five and, while Americans are more obese, heavy drinking is more common in the UK.

In both countries, the study found that individuals on lower incomes and with a poorer education had higher prevalence of disease than those with higher incomes and education levels.

The study used data exclusively from non-Hispanic white people in both countries.



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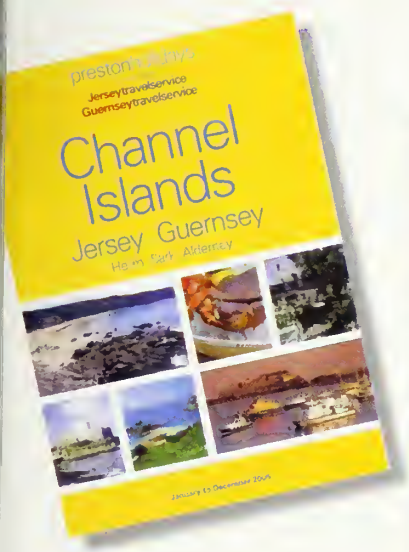

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The prize is for a couple (sharing a twin/double room) and can be taken any time between 01 September/30 November 2006 or 01 February/31 May 2007 (subject to availability and date exclusions). It includes accommodation for two nights at any **Jersey** hotel featured in the **Preston Holidays** programme (up to 3 star), breakfast and travel by air (from a choice of four local airports) or sea.

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